STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after.

To DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after.

Please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, at. To the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and it any event within 72 hours after death.

5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

THE STATE OF THE S	TH EXMINITER S	CONTILIONIE	OF DEATH	03562
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	(Where decassed lived, If inst b. COUNTY	itution: Rasidence before admission)
Prince George's	MARYLAND		_	ince Georgela
b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town)	d. LENGTH OF STAY IN 16	c, CITY OR TOWN (II ou	tside corporate limits, write RI	ince George s
Lanham	3 months	36 Lan	hem	
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitel, give street address)	d. STREET ADDRESS	a m copper	a. IS RESIDENCE
9154 Browns La	ne	9154 B	rowns Lane	YES NO TO
3. NAME OF DECEASED	Middle		DATE Month	Day Year
(Typa or print)	Verre	477 am	OF DEATH Was a la	3 4+h 10 c0
5. SEX 6. COLOR OR RACE 7. MARR	Hays	Allen DATE OF BIRTH	9. AGE (In years IF	14th ,1962 UNDER 1 YEAR IF UNDER 24 HRS.
		11		onths Days Hours Min.
LongTo MITTAG	KIND OF BUSINESS OR INDUSTR	uly 24, 192'	7 34 YES.	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)				THE STREET OF WHAT COOKING
Clerk Typist	U.S. Govit.	South Ca:	colina	U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116	S. SOCIAL SECURITY NO. 17, 1	Minnie Ma	ay Cason	
(Yes, no, or unkown) (Ifyasgivewerordatesofservice)	247-34-9335	NFORMANT	Address	
Yes 1949 to 196		sie Ruby Th	wing, same a	98 # 2
18. CAUSE OF DEATH [Enter only one cause per	fine for (a), (b), end (c).]			INTERVAL BETWEEN
PART I. DEATH.WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorrhage a	nd shoot		and the period
97/ X DUE TO	morringe s	III BIIOON		
Conditions, if only, which (b)	Gun shot wou	nd of the h	200	
gava risa to Immadiate cause	Ann BITOR MOO	ma or the h	BRO	
(e), stating the underlying cause last.				
	INTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN	
PART II. OTHER SIGNIFICANT CONDITIONS CO				PERFORMED? YES NO L
208. EXTERNAL CAUSE WAS 206. DESC	RIBE HOW INJURY OCCURED. (E	nter neture of injury in Part I o	Pert II of item 18.)	ILS NO
PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
The state of the s	tinuse of furrion 20the	head Home farm	20f (City or town)	(County) (State)
@ Q • 7 €ur XX. Whi	le Not While facto	ory, straat, office bldg., etc.)	ton tony of jown,	(County) (Siala)
7/17 02		lome	Lanham	P.G. Md.
21. I certify that I took charge of the re-	mains described above, he	d an Autopsy . Ins	pection X. Inquiry	and in my opinion
death resulted from: Natural causes	, Accident Suici	de 🗶 Homicide 🔲	. Undetermined man	ner 🗌
1 1		CHIEF MEDICAL EXA	MINER [
SIGNATURE COMES	J. Jerrel	M.D. ASSISTANT MEDICAL	EXAMINER [DATE SIGNED
EXAMINER'S	4	DEPUTY MEDICAL EX	AMINER K	3/15/62
NAME (Type) JAMES I.	BOYD, M.D.	Address (Streat, city,	lown, or county)	0/10/05
27a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)	22c. NAME OF CEMETERY OR	CREMATORY 220	LOCATION (City, town, or	country) (State)
Burial March 19.62	Librer Brook	Comiting 1	Indiasan	X. Par
23. FUNERAL DIRECTOR	DDRESS A A	74 / 240 EC'D B	IN REGISTRAR 246. REGISTI	RAR'S SIGNATURE
W.W. Chambers Cos	Kiverdalo	May DATE WEAR	1 9 '62 and	wo S. Kraus
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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03570 OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY # 2 p Prince George's Marvland MARYLAND Prince George's and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) filled in Pages 1 Mt. Rainier Chever ly 25 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) n. IS RESIDENCE d. STREET ADDRESS ON A FARM? 3271 Queenstown Drive YES NO Prince George's General Hospital 3. NAME OF 4. DATE Month Day Middle Lest Year DECEASED March 28 19 62 DEATH (Type or print) Theresa K. Allen 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) | Months | Days Hours car eveni, Female 3-8-17 I GSWOOLW DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? ò done during most of working life, even if retired) Washington, D.C. USA housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James W. Beckert Sadie Casassa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mt. Rainier . Md. (Yes, no, or unkown) | (Ifyes give wer or detes of service) Arthur M. Allen. 3271 Queenstown Drive 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, il eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY CERTIFICATION as PERFORMED? prior NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20e, PLACE OF INJURY (Home, ferm, (County) (State) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from [12. saw the deceased alive on..... 22b. DATE 220. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN' (State) 23s. BURIAL, GREMATADA | 235. CREMATORY 23d. LOCATION (City, town or county) NAME OF CEMETERY ÷ Washington, D.C. Cemeterv .Marvis Wash . DC 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03571 CERTIFICATE OF DEATH funeral within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution, Residence before edmission) a. COUNTY COUNTY Prince George's 4² p MARYLAND Maryland Prince George's by the and 2 death b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town ely filled in b rrs. Pages 1 a hours after c Mitchelville Chaver ly 8 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) H. STREET ADDRESS a. IS RESIDENCE ON A FARM? Rt. Box 12 Prince George's General Hospital YES NO . papers. n 72 hot completely 3. NAME OF Last 4 DATE Month DECEASED 19 62 March 11 (Type or print) Alston DEATH Solomon and cor 5 SEX 6. COLOR OR RACE 7. MARRIED NEV R MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER I YEAR 8. DATE OF BIRTH last birthday) Months Days Hours Colored Male 5-1-12 WIDOWED [4.9 event. physician a 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Jaborer Lon attending planse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Roland Alston Mary Jones Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address The law requires that the removal (Yas, no, or unkown) | (If yes give we ror datas of service) Amy Henry Mitchelville. Maryland attending physician. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage, right internal capsule IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit prior to burial, cremation, DUE TO Cerebral arteriosclerosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? XX NO prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI After this co OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Yeer factory, streat, office bldg., atc.) While Not While Hour a.m. MEDI DIRECTOR:
3 should be de at work at work o.m. 3-11 19.62, and that death occurred at 7.1.30, from the causes and on the date stated above. 22a. SIGNATURE GNED ATTENDING MED. STAFF DIRECTOR PHYS. HOSPITAL Sath, Page 4 FUNERAL PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) David S. Clayman Baltimore Ave. Riverdale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or sounty) 23a. BURIAL, CREMATION, 23b. (Stata) REMOVAL (Spacify) दै हैं पु हैं 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 1 6 15M 7/61 C. Thung S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH 63572 1. PLACE OF DEATH a. COUNTY 5. COUNTY b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 15 Suitiand Washington, D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Suitland Nursing Home 6425 31st Place N.W. 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Civil Engineer U.S. U.S.A. Government Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander H. Arbuckle Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service Doris V. Hobbs no same as none IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO restatie 1 typestrople, Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Not While factory, street, office bldg., etc.] While Hour a.m. et work at work 21. | certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on 1962, and that death occurred at 1.0M, from the causes and on the date stated above. 22e. SIGNATURI ATTENDING DIRECTOR FUNERAL 22d. ADDRESS David S. Gordon 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Prince Georges County, Md. 31/62 O.p. Ft. Lincoln Cemetery buria 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 [4] The S.H. Hines Co. Washington 9, D.C. 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? YES NO F 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY?

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PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORD funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where dageased lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b, CITY OR TOWN (if outside corporate limit c. CITY OR TOWN (If butside corporata limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 weite BURAL and give nearest lown) .57 Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE 3. NAME OF First Middle Month Day Year paper DECEASED OF DEATH (Type or print) carbon 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED (st hirthday) Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? uring most of worldn life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.I (Yes, nof or unkown) | (If yesgiva war or dates of service IB. CAUSE OF DEATH [Enter only one come per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gava rise to immadiate causa DUE TO (a), stating the undarlying causa last CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO L 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY [Home, farm, 201. (City or town) (County) factory, street, office bldg., alc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Can and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE ATTENDENG SIGNED DIRECTOR PHYS. eath. Page 4
O FUNERAL
director, page 5
be filed with th PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 1 23b. DATE THEREOI NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Bowie, Maryland Church Cemetery Buria] 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 7/61 Colour S. Mines

<u>.</u> CORK - VIOLET FRANCE TO THE ROLL OF MANY trees Victor ENWERD WINDS PRINCE CHANGE offer sportly dealers source of the sparrow of level of Server traperty ares Samuel - setting , Sever 10 - 62 Pro- 10 - 62 Pro- 10 - 62 Pro- 10 Pro-

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1000 I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY es MARYLAND Prince George s Maryland Prince Geor Prince George's c LENGTH OF STAY N 1b write RURAL and give nearest lown) Riverdale Roger Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Leland Memorial Hospital YES NO X Avenue 3 NAME OF F rst Middle DATE 4 Mon h Year DECEASED OF (Typa or print) DEATH Marc 1 × × 5 SEX 6 COLOR OR RACE T. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 2 wil last birthdeyl Months | Days Hours W DOWED [DIVORCED Female April i, 2, a ge 5 and with USUAL OCCUPATION (G.ve kind of work 106 KIND OF BUSINESS OR INDUSTRY "11 BIRTHP 12. CITIZEN OF WHAT COUNTRY? s 1, 2 done during most of working life, even if retired) UPPERMARL BORO Supply Opertor USA Comptometor Beauty Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hattie M. Ryon ___Alexander (n) Moore Hatt
15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Rogers Hght (Yes, no, or unkown) [If yesgivawar or dates of servica) 55th Ave . Ma. Baker 5014 No 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c),) ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OUCS Office Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying cause lest. (c) PART II. OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. [Enter natura of injury in Part I or Part I of Jem 18 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF NJJRY (Home, ferm. 20f. (City or town) (County) (Stete) factory, straat, offica bldg., etc.) While Not While et work at work 20 21. I certify that I took charge of the remains described above, held an Autopsy 💢. Inspection Inquiry and in my op nion death resulted from Natural causes Accident Suicide Homic de Undetermined manner CHIEF MEDICAL EXAMINER DEPUTY MI lease execute the should be for ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ö EXAMINER'S NAME (Typa) Address (Street city fown or county) 22d, LOCATION (City town, or country) (Sinte) 0 240 T VR A15ME 5M 1/62



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY America Prince Georges by the and 2 MARYLAND b. CITY OR TOWN (if outside corporete lim ts, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL end giva nearest town) Maracaibo Venezuela ll davs Chever lv .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS Superior ON A FARM? Prince Georges General Hospital Apartado 168 YES NO 3. NAME OF 4. DATE DECEASED (Type or print) 19 62 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) Months WIDOWED/ 27 Nov. 1913 Male D VORCED 10a. JSLAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b. KIND OF JSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even firetired) U.S.A. 011 Co. Superintendent Marine Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Almer W. Beale Verna Clark 6 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC. AL SECURITY NO 17 INFORMANT (Yes, no, or unkawn) | (Ifyes givewer or detes of service) Emily Beale. 4900 Cherokee St. 18. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN College Park, Md. ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which geve risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 ... 19. WAS AUTOPSY \$ ¢ 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from. ...March. 6., 182..., 10. March .19....., 19...62 that (I) (we) last19.62, and that death occurred at 3.000 m the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22d. ADDRES NAME (Type) 23e. BUR.AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) Arlington, Va. Arlington Nat'l. Cemetery. Burial 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1756 Pa. are N.W. Wash 15M 9/60



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) ny delay is necessary, funeral director. Page ained for your files. State Board of Health, a. COUNTY **b.** COUNTY MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporela limits, write RURAL and give nearest lown) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Hillside d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO THE Prince George's General Hospital 5400 Street 4. DATE Month DECEASED ÖF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. March 1962 Bell 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Female WIDOWED [DIVORCED 42 yrs. Oct. 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) At Home Housewife Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lamuel Foard Cat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Catherine Rohe Address (Yes, no, or unknown) | (Hyesqivewarprdatasofservica) Robert Harry Bell same 18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH NEUMONIA IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause DUE TO (a), stelling the underlying nould be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0.1 19. WAS AUTOPSY Medical Ex PERFORMED? LIVER NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., atc.) While Not While Hour am at work | et work 21. I certify that I took charge of the remains described above, held an Autopsy 📈. Inspection 😿. Inquiry 😿. and in my opinion death resulted from: Natural causes XI. Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Should be for PUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X 762 NAME (Type) Address (Street, city, town, or county) CEMETERY OR CREMAJORY 226. BURIAL, CREMATION. 226. DATE THEREOF 22d_ LOCATION (City, town, or country) REMOVAL (Specify) 40 6 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SEGNATURI VS. AISME 5M 9/60

AND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH fumeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed fived, If institution, Residence before edmission) e. COUNTY **b.** COUNTY Prince George's Mary land MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) .⊑ Chever ly 6 days Carrollton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO PO 6402 Prince George's General Hospital - 85th Place 3. NAME OF 4. DATE Last Month Yeer DECEASED OF (Type or print) DEATH March 62 19 Berry 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) last birthday) Months! Days Hours Male White 1-27-82 80 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working lifa, even if retired) Washington, D.C. Lithographer U.S. Government attending plans 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME .0 pue Emory Berry (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Hattye P. Berry 6402 85th Pl. Carrollton, Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a , (b), end (c) INTERVAL BETWEEN ONSET AND DIATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, Fany, which geve rise to immediate ceuse DUE TO (a), slating the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING [1 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Pert I or Pert II of item 18., OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. NJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year lactory, street, office bldg , etc.) While Not While el work at work 19 6.3- that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from .../O M, from the causes and on the date stated above. ... 19... . 2 and that death occured at saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ohn Kehoe 1835 Eye Street, N.W., Washington, D. 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23s. BURIAL, CREMATION 246. DATE THEREOF REMOVAL (Specify) Glenwood Cemeterv 3-12-62 Washington, D.C. Burial ADD 194 34 Georgia Ave 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7.61 Pumphrey. Inc. Silver Spring. DATE

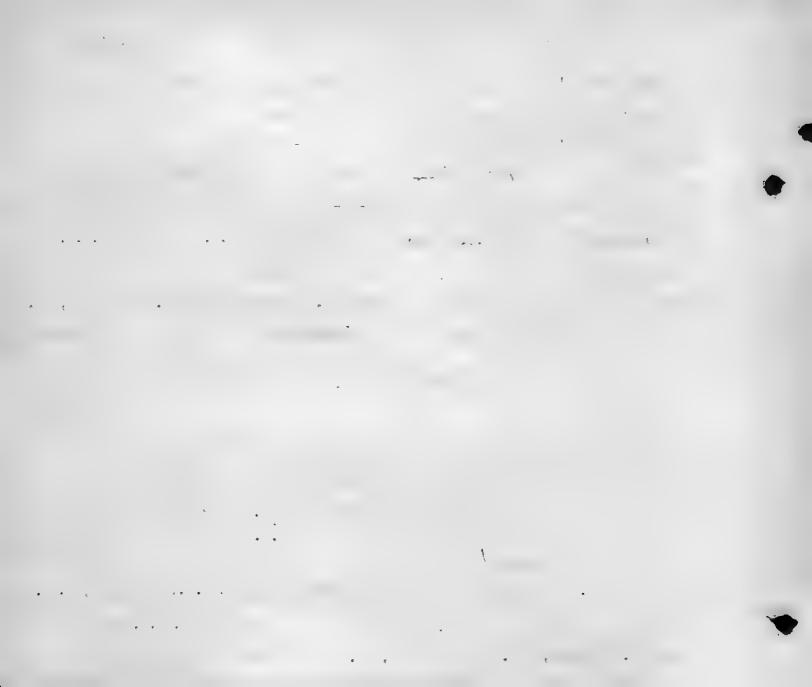
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DEPARTMENT OF HEALTH



OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate lim's, write c. LENGTH OF STAY IN 16 RURAL and direneorest town حرواً d NAME OF HOSPITAL (IF not in hospito. e IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES T NO 4. DATE OF DEATH NAME OF Middle DECEASED (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX MARRIED NEVER MARRIED AGE (In years lost by theloy) Months Days Hours DIVORCED [WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) 12 CITIZEN OF WHAT COUNTRY? New York USA Self Employed Real Estate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME athan Bickford Arabelle Cohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address College Park, Md. Aurelia E Bickford no none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE TO CONDITION GIVEN IN PART 101 19. WAS AUTOPSY PERFORMED? YES TO NO 17 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Bart 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work p. m. 21. I certify that (1) (this haspital) attended the deceased from. 19____, that (I) (we) last saw the deceased alive on and that death accurred at from the causes and an the date stated above 22º SIGNATURE SIGNED ATTENDING PHYS MED DIRECTOR [] STAFF M D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 236 BUR AL, CREMATION. (Stote) 196Bock Creek Cemetery Mar Washington 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Ma. MAR 2 7 '62 Ciriling & Than DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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the funeral should be fi

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		DIVISION	OF STATE	STICAL DESI	RYLAND STATE EARCH AND RECOI	DEPARTMENT (DS, 301 W. PRESTO		•	1 MADVIANI
		03	579		CERTIFICA	ATE OF DEAT	H	(12570
	1. 1	LACE OF DEATH		Georges	m 13 Inf.fro	2. USUAL RESIDEN	CE (Where deceas	ed lived, If instituti	on: Residence before
C		write RURAL end	if outside corpor give peerest to Cheve:	rate limits,	c. LENGTH OF STAY IN II	c. CITY OR TOWN (irmont rie	nmin, whie koka	L end give nearest toy
					al Hospital	d. STREET ADDRESS	9 J Str	eet	e. IS R ON YES
		NAME OF DECEASED Type or print)		Fast B aby	Middle Girl	Blackwell	4. DATE OF DEATH	March	Day Yee 18 19
	5.	Female	Black	WIDOW	TED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH	9. AG	SE (In years IF UNI t birthday) Monti yrs.	Deys Hours
	dor	USUAL OCCUPATE during most of wo	ION (G ve kind orking life, even	of work 10b.	KIND OF BUSINESS OR INDU	Marylan	a	gn country) 12.	U.S.A.
		Henry		t Blackv		Shir ley			
	15. (Ya:	, no, or unkown) (I	fyes give werord	de les of service)	i. SOCIAL SECUR TY NO. 17	Mother	Same	Address	I INTERVAL BE
		Conditions, if on		DUE TO (b)	rematurity (: Hectaris	200			
٥	NOL	gove rise to immed (e), stating the u cause lest.	inderlying	(c) COND TIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAT DISEASE CON	DITION GIVEN IN I	PERFO
٥		geve rise to immed (e), steting the war cause lest. PART II. OTHER 20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJ.	AS UNDERLYIN CI CAUSE OF MEDICAL EXA	(c) COND TIONS CO G	SCRIBE HOW INJURY OCCUI	RED. (Enter neture of injury in	Pert I or Pert II of a	lem 18.)	PART 1(e) 19, WAS , PERFC YES
0	MEDICAL CERTIFICATION	geve rise to immed (e), steting the vicause lest. PART II. OTHE 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour e.m.	AS UNDERLYIN CAUSE OF MEDICAL EXA ORY Month,	(c) COND TIONS CC G	SCRIBE HOW INJJRY OCCUI	RED. (Enter neture of injury in ACE OF INJURY (Home, farr ectory, street, office bldg., etc	Pert I or Pert H of a	own)	(County) PERFO
0		geve rise to immed (e), steting the vicause lest. PART II. OTHE 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour e.m.	AS UNDERLYIN CAUSE OF MEDICAL EXA What (1) (this sed alive on	(c) COND TIONS CC G	SCRIBE HOW INJURY OCCUIR. INJURY OCCURRED 206. I	P. ACE OF INJURY (Home, form actory, street, office bldg., etc.) The death occured at	Pert I or Pert II of 1	own) 3-18 a causes and causes and causes.	(County) 19 6.2, that (I) on the date state
0	WENCAL 23s	geve rise to immed (e), sleting the u cause lest. PART II. OTHER 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJ. Hour e.m. p.m. 21. I certify I saw the decea: 22e. SIGNATURE	AS UNDERLYIN CAUSE OF MEDICAL EXA What (1) (this sed alive on Or • Tho ON, 23b. DA	(c) COND TIONS CC G	INJURY OCCURRED 200. Injury OCCURRED 200. In le Not While ork of work Injury occurred 200. In	P. ACE OF INJURY (Home, formation), street, office bldg., etc. 3-17 and death occured at	Pert I or Pert H of a 20f. (City or the second the seco	own) 3-18, e causes and contact the	(County) 19 6.2, that (I) on the date state 221 3//



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before admission) e. COUNTY director, Page Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town] Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street eddress) D.O.A. d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO T NAME OF 4. DATE DECEASED OF (Type or print) DEATH 1962 Ida March Elizabeth 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR, IF UNDER 24 HRS. 5. SEX last birthday) Months June 29,1885 DIVORCED [WIDOWED White Female White 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or Graigh Country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) House Work Own Home S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Bowen Lamisa Weisenburger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT (Yespino or unkown) (Ilyasgivewerordetesofservice) Nell Louise Bowen, same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO Conditions, if any, which Cardiovascular renal disease gave rise to immediate cause DUE TO (e), sleting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19, WAS AUTOPSY PERFORMED? NO L YES Carcinoma of the liver 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of noury in Pert I or Pert II of clem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, 20f. 1C by or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI. Inquiry X and in my opinion 0 death resulted from. Natural causes Accident Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAM NER DATE SIGNED lease execute should be for PUNERAL rits designate DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) NAME OF CEMETERY OF CREMATORY 22d, LOCATION [City, town, or country] 0 REC'D BY REGISTRAR | 246. REGISTRAR S SIGNATURE 23. FUNERAL DIRECTOR

RYLAND STATE DEPARTMENT OF HEALTH

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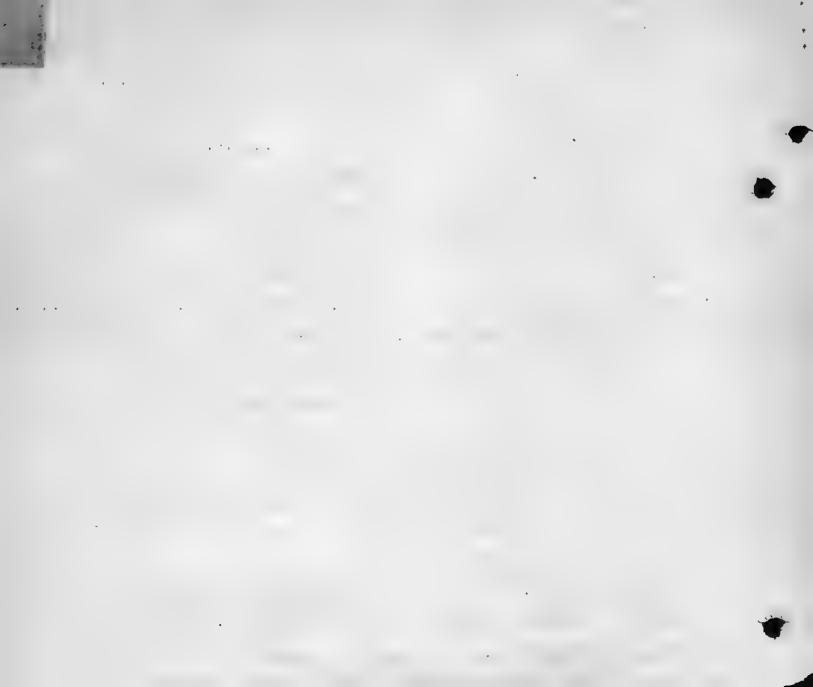
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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm e. COUNTY **B. COUNTY** Prince George MARYLAND Washington D.C. b. CITY OR TOWN I foutside corpora e c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown! Temple Hills 3 days Washington, S RESIDENCE ON A FARM? 6431 Gull Road YES NO T 1116 3. NAME OF Mids Month DECEASED [Type or print] DEATH 19 62 KALMAN March AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) | Months | Days Hours Min. July 10,1883 78 Male W DOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10P RIND OF BILLINE done during most of working life, even if retired! Store Owner USA Austria Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address Arlington, (Yes, no. or unknown) ! (If yes a ive wer or detes of service. 2410 N. Randoplh St. V Leah B. Biller Unknown 18. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c)] Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. Acute congestive heart failure DUE TO Conditions, if any, which Coronary artery disease geve rise to immediate cause DUE TO (e), steting the underlying part 1, Other 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY CERTIFICATION uld be t **burial**, PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of in ury in Part I or Part I of Itam 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (Stete) factory, street, office bldg., etc.) . While Not While et work at work 21. I certify that I look charge of the remains described above, held an Autopsy | |. nspection 🗶 Inquiry and in my opinion blease execute the certific 4 should be forwarded to 5 FUNERAL DIRECTC 4eaith or its designated Natural causes 🗶 Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) TAMES Address (Street, city, town, or county, please 4 should O FUN Health 22e, BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) 22d. LOCATION (City, town, or country) 22c NAME OF CEMETERY OR CREMATORY 3-26-62 National Burial Capital Hebrew Cem. Washington, 24a REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME artun & Flows 5M 1/62 Bernard Danzansky & Sons 3501 14th

LAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY Trince Georges MARYLAND Farvland c. CITY OR TOWN (If outside corporate limits, write RURAL end give necessit town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Seat Pleasant d. STREET ADDRESS . S. RES DENCE ON A FARM? YES NO 4 Prince Leorges Ceneral Hospital 305 - 67th. 3. NAME OF Middle Month DECEASED OF (Type or print) DEATH Manc 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE IN YOURS HE UNDER 1 YEAR B. DATE OF BIRTH lest birthday) Months DIVORCED WIDOWED TO 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ACE (County & State, or foreign country) most bi working life, even if retired) 14. MOTHER'S MAIDEN NAME please s attending Then please IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? Avelnows NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18., UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Yeer (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 22e. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. George W. Ware 1835 Eye St., N. W., Washington 6, D. C 23c, NAME OF COMETERY OR CREMAJORY 23d, LOCATION (City, lown or county) (State) 250. REC'D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE VK A15 [4] 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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	PLACE OF DEATH O. COUNTY PRINCE GEORGES		MARYLAND	2. USUAL RESIDENCE (Who o STATE CICLORC MARXIMAN)	DIE 6 COUNTY	on- Residence before admission)
	b CITY OR TOWN (If outside corpo	prote limits, write c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (If ou	tside corporale limits, write R	URAL and give nearest town)
	ANDRIWS AIR FORCE	BASE, MI. 3 D.	AYS	ANDREAS /AL	R FORCE/BUS	McMann
	d. NAME OF HOSPITAL (If not in h	aspital, give street address)		d. STREET ADDRESS	7	IS RESIDENCE ON A FARM?
	OR INSTITUTION USAF	HOSPITAL		/ CAMP/STRIAN	GS/ Box 328/	3X-) YES NO 🛚
	3 NAME OF DECEASED	Forst	Middle	Last	4. DATE Man	oth Day Year
	(Type or print)	WARREN	RAY	BROCKETT	DEATH MARC	H 9 1962
	S SEX 6. COLOR O	R RACE 7. MARRIED NEVER	MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours Min
	MALE WHITE	WIDOWED D	IVORCED	JULY 17, 194	0 21 yrs	Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind during mast of working life, even	of work done 10b KIND OF BUSI	NESS OR INDUS	STRY 11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ATRMAN	US AIR F	ORCE	MAUD, OKL	AHOMA	UNITED STATES
	13 FATHER'S NAME			14 MOTHER'S MAIDEN NA		<u> </u>
	JOE B BROCKETT			LAVURN ST	RICKLAND	
-1	IS WAS DECEASED EVER IN U. S. ARI	MED FORCES? 16. SOCIAL SECUR	RITY NO. 17. IN	FORMANT	Add	ress
		1962	F	PATHERBO	X 328. MCMANN	OKLAHOMA
	1B. CAUSE OF DEATH [Enter on	ly ane cause per line for (a), (b),	and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAU	SED BY CERUBELL	AR TONSI	LLAR HERNIATI	ON	ONSET AND DEATH
	1058	DUE TO			***	
	Conditions, if any, which)	CEREBRAL	EDEMA			1 DAY
	gove rise to immediate (cause (a), stating the under (DUE TO			· ·	
	lying couse lost	CONCUSSIO	ON			3 DAYS
)	Z PART II. OTHER SIGNIFICA					VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
\leq	\fracture dis	LOCATION C5 - C6	6, SPINA	L CORD COMPRE	SSION; SUBARAC	CHNOID YES A NO D
	PART II. OTHER SIGNIFICA FRACTURE DIS FRACTURE DIS OR ACCIDENT WAS UNDERLYIN OR CONTRIBUTING II CAUSE OI (IF EITHER, NOTIFY MEDICAL EXA	G 206. DESCRIBE HOW IN	IJURY OCCURRE	D. (Enter noture of injury in P	ort I or Part II of item 18)	MEMORITAGE
		MINER) FELL	OFF OF	POWER POLE		
6		Day, Year 20d. INJURY OCCUR		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
	7:30 p.m. MAR 6	1962 While Nat while at wark	°_ ```	arony, arrows, orrivor progra, areas	ANDREWS AFB	PRINCE GEORGES ME
	21. I certify that XIX (this h	naspital) attended the dec	eased from	6 MAR 19	62, to 9 MAR	19.62, tha XXX (we) last
	saw the deceased alive a					nd an the date stated above
	22a SIGNATURE	1000				22b. DATE
	Glent	of Schurt		M.D PHYS DIR	ECTOR PHYS X	9 MARCH 1962
1	22c PHYSICIAN'S NAME (Type)			22d ADDRESS		
	GERALD	SCHUSTER, Capt	USAF MC	USAF HOSPI	PAL, ANDREWS	ATR FORCE BASE MD.
	230 BURIAL, CREMATION, 236 DAT	E THEREOF 23c NAME	OF CEMETERY O	R CREMATORY	23d LOCATION (City, lown,	or caunty) / (State)
	SHIP X 3-1	1-62			Seminol	e Helohoma
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	SINE CIA	250 REC'D		ISTRAR'S SIGNATURE
	W. W. Chamb	ene 6 2/2-1	1 Call	DATE MA	IR 1 6 162	hun a terra

Acopital or attending PHYSICIAN: The low requires that the death certificate be executed within 24 hauraler death. Page 4 y be retained by the haspital or attending physician.

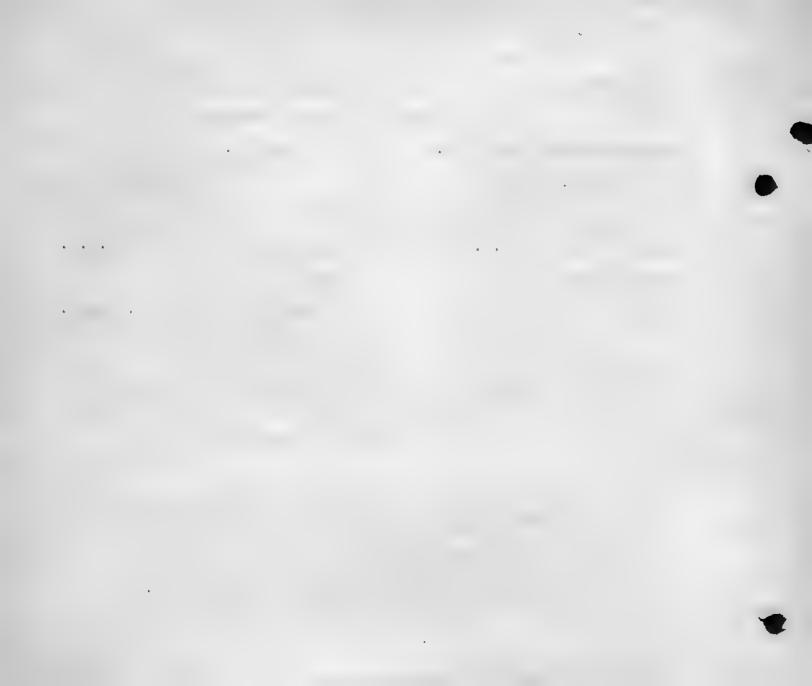
CURERAL DIRECTOR: After this certificate has been signed by the attending physician and camples they have a set the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. They is and 2 should be filed with the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death.



	DIVISION OF STATISTICAL RESEARCH AND RECORD 13584 CERTIFICAT	TE OF DEATH	180
	Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence bear. STATE a. STATE b. COUNTY Maryland Prince George's c. CITY OR TOWN (if outside corporete limits, write RURAL end give neer	
77	write RURAL and give nearest town) Cheverly 3 Hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	45 Brentwood	. IS RESIDEN
/ /	Prince George's General Hospital	1500 13.1	ON A FAR
	3. NAME OF First Middle DECEASED (Type or print) Diane	Brooks 4. DATE Month Day OF DEATH March 6	Year 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		UNDER 24 H
	Female Colored WIDOWED DIVORCED	8=6=61 lest birthday) Months Deys H 7 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF W	dours Mi
	done during most of working life, even if retired) Infant None 13. FATHER'S NAME	Prince George's County, Md. U.S.	
(I)	Roland James Bailey 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Grace Brooks	
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice) NO None None None None None	Mother Same as abeve	AL BETWEE
,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopne umonia DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	UNSEL	AND DEAT
C	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (FE TITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	PERFORME
	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bidg., etc.)	(Stele
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3-6 19.62, and that	death occured at 3:24, from the causes and on the date	(I) (we) stated ab
,	220. SIGNATURE J. HOMOS A. Christensen M 22c. PHYSICIAN'S NAME (Type)	ATTENDING MED. STAFF D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	22b, DA SIG
3	23a. BURLAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)		(Stete)
9 1	Burial 3-15-62 Lincoln Memor	ial Cemetery Suitland, Maryland -	

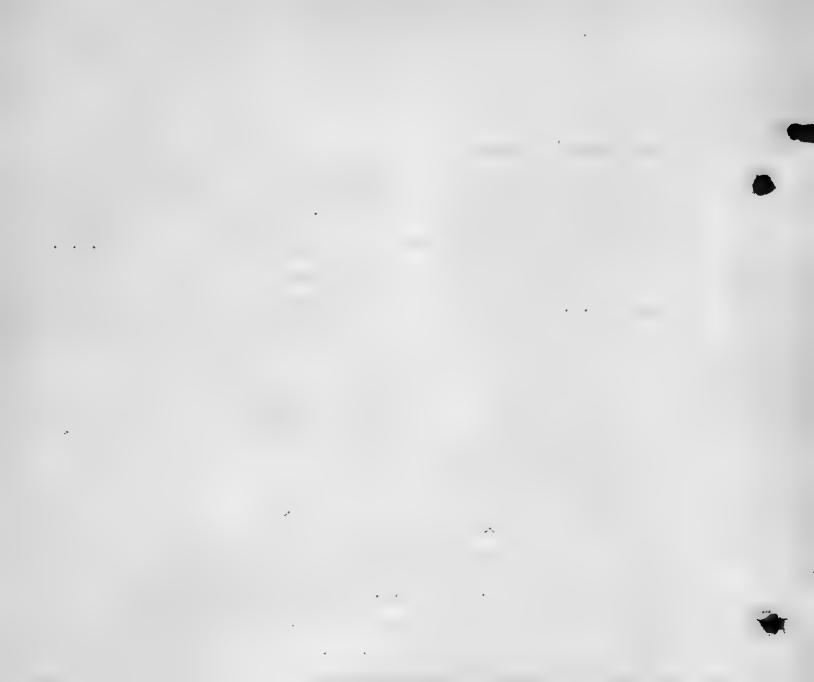


1.	LK	MARYLAND STATE DEPARTMENT OF HEALTH	ALTIMORE 1. MARYLAND
	A	() 3585 CERTIFICATE OF DEATH	02579
after	1	I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed	lived, If Institution: Residence before edmission)
4 hours by the fi and 2 s dearth.	M)	b. CITY OR TOWN (if outside corporate limits.	b. COUNTY FUNCE GEORGES nits, write RURAL and give nearest town)
lled in bages 1 a	76	write RURAL and give neerest town) Suitand d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	2.1
letely fill pers. P. 72 hour		Suitland nursing Home, Inc. 7310 Insey St. NAME OF DECEASED	Month Day Year
d by pa		5. SEX 6 COLOR OR RACE 7 MASSIER DEL NEVED MASSIER TO 8 DATE OF BIRTH 9. AGE	In years IF UNDER I YEAR IF UNDER 24 HRS.
ficate b cian an ove car event,		10e. USJAL OCCUPATION (Give kind of work done during most of working life, even if relized)	yrs
eath certifing physical lease rem	<i>_</i>	CS. Commission Linginia	u.s.a
e de la de l	(I)	Thomas Octom 15. WAS DECEASED EVENING.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT [Yes, no, or unknym]; [[Yesqureyerordetesofservice]]	Address —
s that the ian. yy the attempt The removal.		18 CAUSE OF DEATH [Enter only one cause per line for (e), (by en) (c).] W. III. Brooks - 7310 and	pey St., Dist. Hots
require physic igned t nsit per		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A cute tulnously and of	ism 45MINS
ending been s rrial-tra		Conditions, if any, which the particular arterio Alerose governs to immediate couse DJE TO	2 1 10-0 Y KD,
AN: Tor all or all the burial	1	couse est (c) Chrome Orebro-Vasculo	VOULALO 3 - 4 M/O
SICIA ospital artifica use as ior to	U	T CCATO	PERFORMED?
The hat this control for a			18]
NDING sined by R; After detach		20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF, NJURY (Home, farm. 20f. (City or tow Hour e.m., While Not While fectory, street, office bidg., etc.) Mour e.m., pm., 19 et work et work	n) (County) (Stete)
ATTE be refe ECTOI ould be ate Dep		21. I certify that (I) (this hospital) attended the deceased from	RCH 30, 19 C Z hat (I) (we) last causes and on the date stated above.
AL OR May	1	220 SIGNATURE Se Prince The Attending MED. STA PHYS. DIRECTOR PHY	FF SIGNED
HOSPITA eth. Page FUNERA ector, page filed with	′	22c. PHYSICIAN'S SIDNEY W. LOWRY 7200 MARLBO	ROPIKE S.E
HOS ath. Ty FUN director		REMOVAL (Specify) 4-2-62 Clark Hill Suc	(City, topin or county) (Stele)
VR A15 (4) 15M 7/61	13	24 FUNERAL DIRECTOR'S SIGNATURE 300 ADDRESS 57 N 250. REC'D BY REGISTRAR DATE APR 6 '62	256. REGISTRAR'S SIGNATURE (Inthus & Thomas



1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
EUD STATE	02596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02580
HEALTH DEPT	
Se è	e. COUNTY b. COUNTY
Figure 1 Page 1	Prince George 8 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
d de la	Cheverly Upper Marlboro
ye and in the second	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat address) d. STREET ADDRESS e. IS RES DENCE ON A FARM?
e funer fained State eath.	Prince George's General Hospital Rural Route Box # 1323 PES NO CONTROL NO CON
the state of	(Type or print) Robert Brown DEATH March 3 1962
着意	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. [last birthday) Months Days Hours Min.
2, and 2 vind 2 vind 2 vinous	Male Colored WIDOWED DIVORCED Dec. 4, 1918 43 yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relized) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY
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thin 24 Give I Sin PA File pe	Manes Brown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
d wi th for th for th o	Yes W.W. 11 Unknown Betty Brown Same as #2
Little In a with a second and a	18. CAUSE OF DEATH [thier only one cause par and for (e), (b), end (c)
be exer encil in e along il-transi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) MYOCARDIAL INFARCTION OF DUE TO
should o'' in p s Offic a buria emova	Conditions, if any, which (b) CORUNARY THROMBOSIS
rdin iner d as	(e), steting the underlying DUETO
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and	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO -
ER: The Medica should should ial, creating	2De. EXTERNAL CAUSE WAS 2Db. DESCR.BE HOW INJURY OCCURED (Enter neture of infury in Pert tion Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
writing writing Chief Chief dage 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, straet, office bidgs, atc.)
XAI * w * w he (: Pa	Hour a.m. While Not While factory, straet, office bidg., arc.) p.m. 19 at work et work
Day Day	21. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🛣. Inquiry 🛣. and in my opinion
CAN Gert f	death resulted from: Natural causes 🔀 Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
he characters was	CHIEF MEDICAL EXAMINER
for for talent for the talent for th	SIGNATURE COMES DATE SIGNED
EPUTY se executor ould be UNERA se design	EXAMINER'S DEPUTY MEDICAL EXAMINER \$ 3/3/62
Se excooled UNE	NAME (Type) 1 JAMES I. BOYD, M.D. Address (Street, city, town, or county) 22a. BURIAN, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, town, or country)] (Siete)
1 3 4 1	Eurial 3/9/62 Arlington National Ceme, Arlington, Virginia
FI	22 FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 9:60	China I Vierne O H Street, N. H. D. C. DATEMER 1 2 '62 Challing & Kings
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE TO AND RECORDS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) . COUNTY b. COUNTY director, Page Prince George's MARYLAND Kentucky b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete | m ts, write RURAL and give nearest town) write RURAL and give nearest town) Laurel Transient Louisville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ō Boar e. IS RES DENCE ON A FARM? Illinois YES NO N Route 197 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH 19 62 IF JNDER 24 HRS. arence Bryant March 7th 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ₹ last birthday) Months Days Male WIDOWED DIVORCED 473. Nov 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 18. Give Pages 1 form PM3. Pag pages 1 Race Track Groom Arkansas U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Dora Willoughby Earl Bryant 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT GODFREY F. RUSSMAN, 1041 GOSS (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) OUISVILLE Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Reacture of skull & left knee -IMMEDIATE CAUSE (e) Office crushed chest & fracture of left clavicle DUE TO removal Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying Id be used a PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1,811 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X plnoys 200. EXTERNAL CAUSE WAS 5 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age s Driver of automobile that ran off road 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year (County) (State) fectory, street, office b dg., etc.) 19 2 at work at work X Route 197 Laure' 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection X Induity and in my opinion forwarded to L DIRECTO death resulted from: Natural causes Accident V Su'cide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MED CAL EXAM NER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 220, BURIAL, CREMAT ON. 226. DATE THEREOF (State) REMOVAL (Spec fy) ò 0 24a REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE

5M 9/60



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
w \ . r		03589 CERTIFICATE OF DEATH 03583
Page director filed with	(M)	Prince Georges 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before odmiss on) o. STATE Mary land b. COUNTY Prince Georges
eral be fi		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write PLIPA) and give pegreat town?
P P P	1	Takoma Park 53 Takoma Park
by the	Χ.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1003 Hopewell Avenue or IS RESIDENCE ON A FARM? YES NO
n 24 hou	, ,	3. NAME OF DECEASED (Type or print) Edwin Wyman Campbell DEATH March 15, 1962
in and	ě II	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 1 YEAR IF UNDER 24 HRS. In years If UNDER 24 HRS. In years If UNDER 24 HRS. In years If UNDER 3 Hours I Min.
Ple Sa		male white widowed Divorced 5/12/ 1948 13 yrs.
execute and cam	rinou rinou	Student 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Washing to n, D. C. U.S.A.
be n arba	7/ [13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ate icia e c	Ē	Clyde B. Campbell Ruth Howe
rtific phys	5 E	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 100 Address 100 Addr
h Ge	D .	no Clyde B. Campbell-Takoma Park. Maryla
deot tend pleo	Č O	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
he at	<u>=</u>	PART I DEATH WAS CAUSED BY MC+ to PC++ neal Malignous, 6 Mg
10年 大	5	J S S X DUE TO
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quir igne	Ē	couse (o), stating the under. DUE TO lying couse lost.
K re	b .	(4)
The loy physical phase be inial-tree.	u u u	PERFORMED? YES NO
IAN: rending ficote the bu	e cre	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item IB) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
YSIC or off certi		20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 Of work of work of work
For State	2	p. m. 19 of work of work
aspiner feer d fo	g. 2	21 I certify that (1) (this haspital) attended the deceased fram March 14. 1962 to March 15, 1963, that (1) (wa) los
R: A	<u> </u>	saw the deceased alive an March 14-1962 and that death accurred attended by the from the causes and an the date stated above
det det	Ĕ	220 SIGNATURE 22b DATE STAFF SIGNED
ed l	5 0 (ATTENDING MED STAFF 3/15/63
rebain RAL D should	- Pood	NAME (Type) Horold Heiges 1835 Ege 1+ 10 W. DC
OSE S	Sign	23d BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote)
H God	i i	burial 3/19/62 Cedar Hill Come tery Prince Georges County, Md
7 7	A.C.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b, REGISTRAR'S SIGNATURE
VR A1S (4) 1SM 9/59	SXI	The S.W. Hines Co2901 14th St. N.W. DATERAR 19'62 " / Visual
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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	-	PLACE OF DEAT	_03531			-			7.4		
M)	COUNTY P	rince Geor	_	MARYLAND	e STATE	Maryla	nd	b. COUNTY P	rince	George 3
_		b. CITY OR TOWN	(if outside corporate fin digive neerest town)	n.ls,	c. LENGTH OF STAY IN 16	1 405 P	R TOWN (If outs	da corporala l	imils, write RURA	AL and give r	nearest fown)
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i	١		orge s Gen		prior, gree state accress,	11 2	1 70th A	venue			ON A FARM?
		NAME OF	or go a don't		Middle	Last	4. 1	ATE	Month	Dey	Yaar
		DECEASED (Type or print)	Jan	les.		Coates		OF DEATH	3 -	-18.	- 19/57
	5.	SEX	6. COLOR OR RAC	7. MARRIE	D NEVER MARRIED	DATE OF BIRT	LH .	9. AGE	(In yeers IF UN birthdey) Man		IF UNDER 24 HRS.
		Male	Negro	WIDOWE		Unknow	n	73	1110011	ins Days	Hours Min.
	10a do	. USUAL OCCUPAT	TION (Give kind of wo orking life, even if retir	rk 105. Kl	ND OF BUSINESS OR INDUST	RY 11, BIRTHPL	ACE (County & S	tate, or foreig	n country) 12	CITIZEN O	F WHAT COUNTRY
		None				4	land			USA	
	13.	FATHER'S NAME					S MAIDEN NAME				
I	15	Unknown	VER IN U.S. ARMED FO	nacca Lac	SOCIAL SECURITY NO. 17.	Unkn	lown		Address		
		Conditions, if any gove rise to immed (a), steting the cause lest.	liefa cause)	ind. v pun	mun pro		Lefy-	delit 2	* + -	SET AND DEATH
G	CERTIFICATION	20e ACCIDENT W	/AS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURE						PERFORMED?
		(IF EITHER, NOTIFY	G J CAUSE OF DEATH MEDICAL EXAMINER								
	MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	19	While et wor	k et work	tory, street, office	bldg., etc.))f, [City or to		(County)	(Stete)
					ded the deceased from.						
1		saw the decea 22a SIGNATURE 22c PHYSICIAN S NAME (Type	Bla	-18 -ym s. c1		A.O. ATTENDING PHYS.	NG MED.		AFF YS. RIU	on the da	276. DAJE 3/19/6
		BUR AL, CREMAT REMOVAL (Specify BUTIAL)	3/16/62	EREOF	23c. NAME OF CEMETERY Mt. Olivet C		25e. REC'D BY	Washin,	ton D	C	(State)
	120	0210	· · · · · · · · · · · · · · · · · · ·	-			DATEMAR 2				



1	MARYLAND STATE DEPARTMENT OF HEALTH	
h 700	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. 03532 Item 13 CERTIFICATE OF DEATH STREET BALTIMORE 1, M.	-03586
Washington after the state ours after the state ours after the state of the state o		Georg e
executed within 24 horal plate in post in and plate in pages in and thin 72 hours after beding the pages in an in the page in the pages in the pages in the pages in the pages in the page in the pages in the pages in the pages in the pages in the page in the pages in the page	b. CITY OR TOWN (I outside corporate limits write RURAL and give nearest town) Cheve r ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) P r inde G e or ge G e ner al 3. NAME OF DECEASED (Type or print) Toborn Coborn Coborn C. CITY OR TOWN (If outside corporate limits, write RURAL and a composate limits, write RURA	o. IS RESIDENCE ON A FARM? YES NO Year 25 19 62
hysician and remove carb	Fe m aleF wh ite widowed Divorced Warch 23 1962 yrs. 10a. USLAL OCCUPATION (G ve kind of work done during most of working life, even if retired) Noce	
The law requires that the death cathending physician, as been signed by the attending plantial-transit permit. Then prease ial, cremation, or removal, and in a	13. FATHER'S NAME Chester Henry Coborn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (lifyesgive were orderes of service) PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE by Bilateral Pulmonary Conditions, if eny, which governise to immediate cause (e), stelling the underlying couse lest, (c) OUE TO DUE TO DUE TO Carol Jean Larson Carol Jean Larson Address Mother Same 14. MOTHER'S MAIDEN NAME Carol Jean Larson Address Mother Same 18. Cause of DEATH [Enter only one couse per line for (a), (b), end (c).] PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE by Bilateral Pulmonary Conditions, if eny, which governed the cause (a), stelling the underlying couse lest, (c)	INTERVAL BETWEEN ONSET AND DEATH
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ENDING PHYS etained by the ho OR: After this cer se detached for usept. of Health prices.		ounty) (State)
TIAL OR AIT age 4 may be r RAL DIRECT page 3 should I vith the State D	saw the deceased alive on 3-25 19.62, and that death occured all 2 10 from the causes and on 22e. SIGNATURE ATTENDING MED M. STAFF PHYS. DIRECTOR PHYS. DIR	the date stated above 22b. DATE SIGNE 3/25/62
A HOSPI A MARIA (4) NO SIGNATURE (4) NO	Dr. John W. Perkins 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 3-31-62 Prince Geo. Gen. Hospital Cheverly, Mary Larry W. Perkins 5301 Hamilton St., Hyattsvi 23d. Location (City, town or countries) Prince Geo. Gen. Hospital Cheverly, Mary Address DATE DATE	niy) (Stete)
ion sloo	2-146114 Janes 17 10AIE	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived If institution Residence before admission) a. COUNTY a. STATE Maryland Page **b.** COUNTY director. Fast MARYLAND Prince George's George ! ELENGTH OF STAY N 16 c CIY OR TOWN (If outside corporeta limits write RURAL and give near st town) write RURAL and give nearest town) Mitchellville d STREET ADDRESS IS RESIDENCE ON A FARM? aiter Prince George's Ganeral Hospital YES NO Route 3. NAME OF DATE Year DECEASED OF Sylvester Nathaniel (Type or print) Coleman DEATH 62 March 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE [In yeers | IF JNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male March 5 WIDOWED [DIVORCED pue 10a. USUAL OCCUPATION (G va kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foraign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working lite, aven if retired) Columbia Food L aborer pages 13. FATHER'S NAME Nathaniel Coleman Elizabeth Gertrude Warmer E I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT (Yes, no, or unkown) | (If yes give wer or detectors of service Elizabeth G. Warner, same as no 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b, end (c),) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ò Conditions, flery, which used as a bu gave rise to immadiate causa DUE TO (a), steting the underlying causa lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICENT 19. WAS AUTOPSY CERTIFICATION burial, å PERFORMED? YES T NO 208. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 20b DESCRIBE HOW INLIRY OCCURED, (Enlar natura of injury in Pert I or Part II of Item IB.) CAUSE OF DEATH. Head on automobile collision Page 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. [City or lown-(County) 20c. TIME OF INJURY Mon h Day, Year (State) fectory, streat, offica bldg , etc.) Not While et work el work Road 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry 🛣 . and in my op.nion Accident | * Undetermined manner death resulted from: Natural causes Suic de Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED ERAL SIGNATURE DEPUTY MEDICAL EXAMINER 3/10/62 EXAMINER'S NAME (Typa) Address (Street, city, lown, or county) 220 BURAL CREMATION, 22d. LOCATION (City, lown, or country). (Steta) 246. REC'D BY REG STRAR | 246. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

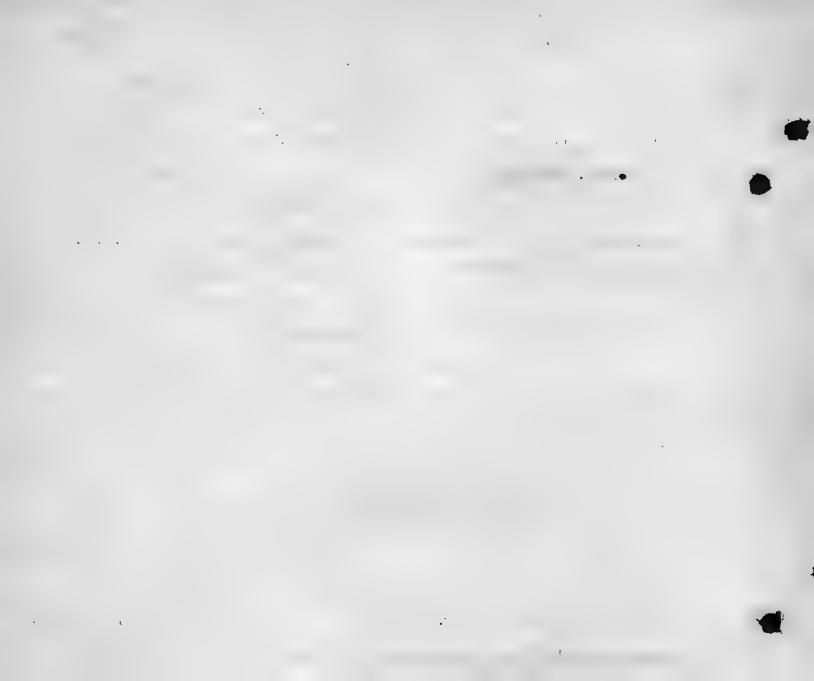
STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 03594 funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Mary lan d Mon tgomery b. CITY OR TOWN (if outside corporate) and sy write RURAL and give nearest town c. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Silver Spring Pages a. IS RESIDENCE d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 1000 Daleview Drive YES NOW 2 Prince George's General Hospital 3. NAME OF Day 4. DATE DECEASED March 13 DEATH COOK REAVILL AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Famale Months | Deys Hours WIDOWED K DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Own Home U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER INCO.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMAN (Yes, no, or unkown) | (Ifyesgive werordeles of service) Harold T Cook Washington D C no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Iam IB) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or lown) 20c. TIME OF INJURY Month, Dev. Yaar fectory, street, office bldg., etc.) While Not While Hour a.m. et wark al work 196 2 to 3-13 19.6 2 that (1) (we) last 21. I certify that (I) (this hospita) attended the deceased from ... F saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 23a, BURIAL, CREMATION, | 23b. REMOVAL (Specify) Md. Ft. Lincoln Colmar Manor, 16/62 Cremation ADDRESS 25s. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Hyattsville, Marylandar MAR 1 9 '62 Francis Gasch's Sons

death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY Prince George a. COUNTY Prince George Marvland MARYLAND b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyatts ville, 30 years Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5512 43rd Place YES NO IX 5512 43rd Place 3. NAME OF 4. DATE Month Year Middle DECEASED 15. DEATH March 19 62 (Type or print) MARGARET CULLEN AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH tast birthday) Months Days Hours Female White Feb. 8, 1876 WIDOWED [DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE County & Stele, or foreign country) 12, CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Own Home England England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Cullen Mary McPartlan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) []fyes give wer or detes of service) Austin J. Cullen same as #2 none (Brother) no INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11.8) 1 15. WAS AUTOPSY Ö PERFORMED? CERTIFICATI NO 20b. DESCRIBE HOW INJURY OCCURED, [Enter nature of 'njury in Pert I or Pert II of item 18.] 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED lectory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 19 6.2 and that death occurred at MAM, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING 5IGNED DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION REMOVAL (Specify) Lincoln Colmar Manor, Burial Md. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Francis Gasch's Sons __ Hyattsville, Md. DATE

RYLAND STATE DEPARTMENT OF HEALTH

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15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03596 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Prince Georges Marvland PrinceGeorges 12 t MARYLAND v b CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 by and dea c CITY OR TOWN (If outs de corporata limits, write RURAL and give nearest town) write RURAL and give nearest town] Chever ly 1 day Landover Hills Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Georges General Hospital 6908 Annapolis Road YES NO 3. NAME OF 4. DATE Middla DECEASED (Type or print) DEATH Helen Daigle 19 62 March 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years [IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and last birthday) Months Hours May 16, 1884 White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (County & State, or 12. CITIZEN OF WHAT COUNTRY? ... country) dona during most of working life, avan if retired) Housewife Own Home U. S. A. Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Smith Lvdia Jewett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) ((Ifyas giva wer or dates of service) no Benjamin J. Dorgle Same as #2 18. CAUSE OF DEATH [Entar on y one cause per ane for (a), (b), and (c)] INTERVAL BETWEEN cere to vancular often for wither ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** carefred a verso valerons Conditions, fany, which gave rise to immediate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19, WAS AUTOPSY PERFORMED? ore belies well for 1.4860 Lette 60 NO F 20a. ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW NIJURY OCCURD. (Enter nature of in any in Part | or Part | of Itam 18 1 OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Year (County) (Stata) factory, streat, offica bldg., etc.) While Not While Hour a.m. at work at work 21 | certify that (I) (this hospital) attended the deceased from. NOV. 141 1957, to Place 24 1962, that (I) (we) last saw the deceased alive on Masox III 1904., and that death occurred at 3. O. O. Thom the causes and on the date stated above. 22a. SIGNATURE 22b. DATE 14 180 per Ocen SIGNED DIRECTOR PHYS. 2 Mar 62 M.D. 22d. ADDRESS53 A Cresent Road 22c. PHYSICIAN'S Teil Bergemann M.D. Greenbelt. Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) Burial (Specify) **2**/3/62 Colmar Manor, Md. Ft. Lincoln 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) F. Gasch's Sons Hvattsville. Maryland Commer S. Throng

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HOSPITAL ih. Page 4 FUNERAL

AARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03597

CERTIFICATE OF DEATH

Reg. Dist. No. 3594

1. PLACE OF DEATH				2. USUAL RE	SIDENCE (Wh	ere deceased	lived If institution	on: Residenc	e before admi:	sion)
1 324	ne: Dass	XC.	MARYLAN	O. STATE	Wenny	Concer	b. COUNTY	37,22	Kles	\ A.
b. CITY OR TOWN RURAL and give	(If outside corporale limi	îs, write	c. LENGTH OF STAY IN	1b c. CITY O	R TOWN (If a	utside corpor	ate limits, write R	URAL and g	ive nearest fow	m) ³
M 21/5	3 15-7 266	form		X	6 Sre	My com	. mil	n it it	3, 130	261
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)	d. STREET	ADDRESS	0				SIDENCE
On Marine House	mine									A FARM?
3. NAME OF DECEASED	Fir	3f	Middle		ost	4. DATE	Mon	th	Day	Year
(Type or print)	Jerr 1	2	Henry	~1 GJ	tha	OF DEATH	in.a.	ŧ.	17	1962
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BI	RTH	,	9. AGE (In years		YEAR IF UNE	
rn	C	WIDOWI	DIVORCED] Just.	16 /	116	last birthdoy) yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPAT	ON (Give kind of work a	Jone 10b.	KIND OF BUSINESS OR II	NDUSTRY 11 BIRTH	PLACE (State	or foreign co	untry)	12. CITI	ZEN OF WHA	T COUNTRY
, ,	tiong into, even it retired,	'	,		mon	Lik			(not	
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	AME				-
Fralori	ck Davi	5		Man	ELZ	aboth	Comy	,		
15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	7. INFORMANT	,	1	yo Add	ess		1
	to ber due of other or a			Cilberta	Slat	ter -	Brand	Juliv	ic Mi	1.
18. CAUSE OF DE	ATH [Enler only one co	use per lir	e for (o), (b), and (c).]				U	/	INTERVAL B	
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	,	him is	i dul	26 8 24				ONSET AND	
4-7	DUE TO			1						3
Conditions, if	any, which) (b	(4)	Lancius /	Vin Marie	. 36 /	2 186	Lara, La		1/2	Sec.
gove rise to couse (a), stating	immediate (,	3						,	
lying couse fost.		}								
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS	AUTOPSY
Z										RMED?
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	RIBE HOW INJURY OCCU	JRRED (Enter nature	of injury in f	ort I or Port	II of item 18.}			- 144
	MEDICAL EXAMINER)									
20c. TIME OF INJU	RY Month, Day, Yea	T .		PLACE OF INJURY	(Home, form,	20f. (City	or town)	(C	ounly)	(Stole)
ZOc. TIME OF INJU	19	While of work	Not while	fectory, street, off	ice blog., etc.	}				
	hat Lattended the	decease	ed from Line	10 A	Sinn		7 1061	that I I	nat annu tha	d
	719- L 17	10	62, and that de							
			, and that de	an occorred to			et, city or town,			ea abave ATE SIĞNEC
ACTUAL SIGNATURE	> 1. 2 . e ,	٠ . ·	and weny	M.D.)	المراجعة		(
				m.D. ,						
NAME (Type)	Buch 3	61	Hil Dons.	J.V	iSur	~ ~ ~ ,	- · ~ · · \	7 4		
220. BURIAL CREMATIO	ON, 226. DATE THEREC	F	22c. NAME OF CEMETER	Y OR CREMATORY		22d, LOCATI	ON (City, Iown, o	r county)	, (Sto	le)
Benaria (Specify	3/20/6	1	St. Ther	nasi		Cian	asen.	ma	6.	
23. FUNERAL DIRECTO	TS SIGNATURE		ADDRESS	12 11 1	24a. REC'I	D BY KEGISTR	-	TRAR'S SIG	NATURE	
It croses	y. Kelson	1 6	lquareo,	Med.	DATE 16	AR 2 2 '6	2 0	thun 2	the man	



W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY b. COUNTY director, Pag or your files Prince George's MARYLAND Massachusetts b. C.TY OR TOWN of outside corporate I mits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits write RURAL end g've neerest town write RURAL and give neerest town-Riverdale D.O.A.
d NAME OF HOSP TAL OR INSTITUTION (.f no! in hospitel, g.vc street oddress) Jamaica Plains . IS RES DENCE ON A FARM? Leland Memorial Hospital YES NO Washington Street Year DECEASED OF (Type or print) DEATH 19 William Donald AGE (In years IF UNDER YEAR UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Devs Hours WIDOWED DIVORCED [EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after se execute the certificate, writing the word "pending" in penci. in them 18. Give Pages 1, 2, at ould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in ould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in ould be forwarded to the Chief Medical Examiner's Office along with file pages 1 and 2 Male May 18th yrs. I 106 KIND OF BUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Race Track Mass. U. S. A. Exercise Boy 4. MOTHER'S MAIDEN NAME William Alexander Donald Ola
15. WAS DECEASED EVER N. U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
(Yes, no, or unknown) (Ifyesgive-werondelesofservice.) Ola Beatrice Ready Address So. Boston, Mass. Yes L. Street Vivian Black Unknown Mrs. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE , e) Fracture of skull & left knee DUE TO Conditions, if env. which cremation sase execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR, Page 3 should be seed to the Chief Medical Examiner's Page 13 should be seed to the Chief Medical Examiner's Page 13 should be seed to the Page 14 sh gave rise to immediate cause **DUE TO** (e), steting the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.41. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 🛨 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert | or Pert | of item 18.) CAUSE OF DEATH. Passenger in automobile that ran off or [20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, term, 20f. City or town) MEDICAL 20c. TIME OF INJURY (County) (Steta) fectory, street, office bldg , etc.) While Not While 1962 et work at work Route Laurel 21. I certify that I took charge of the remains described above, held an Autopsy [] Inspection 🛖 Inquiry 😿 , and in my opinion death resulted from: Natural causes Accident 📉 Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER -ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/8/62 ō EXAMINER'S NAME (Type) Address (Street, city, town, or county) A shoul O FUN Health TERY OR CREMATORY " 22d. LOCAT ON (City, town, or country) 220, BURIAL, CREMATION 226. DATE THEREOF Ā ARLINGTON NATIONAL 24s, REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE YR ALDME 5M 1/62 C. Imp & Thomas



W. PRESTON STREET, BALTIMORE 1, MARYLAND m G309 3/15/62 iwk
2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Maryland Prince Georges Prince George's MARYLAND b CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 5 days Laurel Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 103 Main Street YES NO Prince George's General Hospital 3. NAME OF Lest DATE Month DECEASED OF (Type or print) James DEATH Dorsey March 19 62 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX last birthdey) Months ! Hours Male White WIDOWED [DIVORCED About 1883 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Race Horse Track Unknowa Groom U.S.A. Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Patrick Dorsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no, or unkown) | (Ifyas give wer or detas of service) Hosp. Unknown
18 CAUSE OF DEATH Enter only one cause per line for (e,, (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cerebral vascular accident Conditions, if any, which gave tise to immediate cause of DUE TO (a), stetling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? S 0 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20% ACCIDENT WAS UNDERLYING I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (State) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) factory, street, office bldg., etc.) Not While MEDI Hour a.m. at work et work saw the deceased alive on.... March 2.1... 19 62, and that death occured a 2.25%, from the causes and on the date stated above. 22b. DATE 22a SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22d, ADDRESS 2 PHYSICIAN'S Albert Roth 5510 Madison St., Riverdale. 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Baltimore, Md. /8/62 Lorraine Cemetery Buri al 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 2mmm. 4611 Park Heights. Balto. 1. July & Flence

The taw requires that the death certificate be ittending physician. s been signed by the attending physician and it

DIRECTOR

attending physician Then please remove

DEPARTMENT OF HEALTH



1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR 13608 CERTIFICATE OF DEATH	03594
hours after the furreral dd 2 should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If I 2. USUAL RESIDENCE (Where decessed lived, If I 3. COUNTY PRIVE OF CERSE MARYLAND O. STATE MARYLAND	
7 2 2 2	b. CITY OR TOWN (if outside corporate limits, or te LENGTH OF STAY IN 1b. c. C.TY OR TOWN, If outside corporate limits, write LAUREL	
leted filled in pers. Pages 172 hours affer	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 2 8 Chordale Street Middle Lest 4 DATE Morth	e. IS RESIDENCE ON A FARM? YES NO NO
poletic poleti	3. NAME OF DECEASED (Type or print) WILLAM DO VET OF BEATH MONE OF DEATH MONE OF BIRTH 19. AGE III, voors	20 1962
ficate be	MALE WHITE WIDOWED DIVORCED MAY 13, 1915 46 yrs. 10e USUAL OCCUPATION (Give kind of work gone during most of working life, even if relired) One during most of working life, even if relired One working life, even if relired One during most of working life, even if working most of working literation One during most of working most of working most of wor	Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?
certii physi s rem any	RACE TRACK HORSE GROOM St Jeurs Mission	2
e attending Then please	15. WAS DECEASED EYER IN U.S. ARMED FORCES! 18 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, pag or unknown) (If yes give were or deles of service) 401-18-0553) D. 1 (December 1)	1 A CALL
ruires that ysician. ad by the permit. T	18. CAUSE OF DEATH (Enter only one couse po) line for (e), b), end (c). PART I. DEATH WAS CALSED BY: IMMEDIATE CAUSE (a) COLORDOWNA PROPERTY.	INTERVAL BETWEEN ONSET AND DEATH
law red nding ph een signi eentransit remation	Conditions, if any, which (b) (b)	
IN: The lor after the has be the burial, o	(e), stating the underlying DUE TO couse lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVE	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
HYSICIN e hospita s certifica or use as	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	YES NO .
DING PI led by the After this etached for	City or town City	(County) (State)
ATTEN' be retain (ECTOR: ould be d tate Dept.		, 19.6.2, that (I) (we) last and on the date stated above.
O Ship	228. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. D RECTOR D PHYS. D 228 ADDRESS: 229 ADDRESS:	22b. DATE SIGNED
HOSPITAL Page 4 FUNERAL rector, page 6 filed with th	NAM (Type) Same may	vn or county) (Stete)
TO HOSP	Bureal 3/23/62 Dry Hell Stownel	Distrar's signature
15M 9/60	Ridgley Selly 5024 hill Laurel mohis MAR 2 8 162	rive & There



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH USUAL RESIDENCE (Where decessed hved, If institution; Residence before edmission) a. COUNTY b. COUNTY filled in by the figes fand 2 surs after death. MARYLAND b. CITY OR TOWN (if putside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO K 3. NAME OF DATE Yeer Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED W NEVER MARRIED chday) Months WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY done during most of working life, even if refired) ing physician. In signed by the attending phy transit permit. Then please re-removal, and in an 6 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 18. CAUSE OF DEATH [Enter only one pause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gave rise to immediate cause DUE TO (e), steting the underlying PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WALE AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm. Month, Day, Year 20f. (City or lown. (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. el work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1.5 Money. .19.6.2..., and that death occured at \$5.5...M, from the causes and on the date stated above. SIGNATURE 22b. DATE SIGNED ATTENDING hma, ADDRESS/ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City_lown or county) 23a, BURIAL, CREMATION, 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A1S (4) archur S. Frank 15M 7/61 DATE



1	MARTLAND STATE DEVARIAGE OF HEALTH
EOD OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH USSES
MAK 2181F	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REALIN DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE Where decessed I ved, If institution Residence before some scient 5. COUNTY 6. STATE 6. COUNTY
Pag + Pag	Prince George's Maryland Prince George's
N Ten file	b. CITY OR TOWN, if outside corporer I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporer mits write RURAL end give nearest town).
Z S S E S	Cheverly D.O.A. / Bowle
À = 4 4 9/11	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stream a direct
y de fune innec itate after	Prince George's Gameral Hospital 8th and Maple Avenue YES NO X
If an It an	DECEASED (Type or print) Dwayne Michael Duckett Death March 11 19 62
Th. 2 ho	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \$ 8 DATE OF BIRTH 9. AGE (In years IT UNDER LYEAR IF UNDER 24 HRS
and de 2 × n	Male Colored W.DOWED DIVORCED Dec. 9, 1961 last b rthday) Moghs 2 Hours Mrn.
1, 2, a	10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or for, gn country) 12. CITIZEN OF WHAT COUNTRY?
E ~ 0 +	None Maryland U. S. A.
24 hour e Pages M3 Pa pages 1	13. FATHER'S NAME
	Ivory Cooper Evelyn Duckett
Market Paragraph of Paragraph o	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (Ifyesgive were detesof service)
with perm	no None Evelyn Duckett, same as # 2
Z	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY: Death on the cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
ould be exect in pencil in Office along burial-transit	IMMEDIATE CAUSE (a) Preumonia
Uld in policy	Conditions, if any, which (b)
- S D N D O	geve rise to immediate cause
	(e), staling the underlying couse last.
T 1 8 3 1 4	
word word lical Edburial,	YES NO TO
R: The value of th	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.91. 19. WAS AUTOSYST PERFORMED? PERFORMED? YES NO PRIMARY OF OF THE TERMINAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury 'n Part I or Port II of Item 18 PRIMARY OF THE TERMINAL CAUSE WAS 10 CAUSE OF DEATH.
ing ing	
AMINE writing a Chief Page 3 s	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or fown (County)) (State) Hour e.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work et work
X 호속 등 8	
	21 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and 'n my opinion death resulted from. Natura causes Accident Suicide Homicide Undetermined manner
MEDICAL orwarded to DIRECT designated	death resulted from, Natura causes , Accident . Suicide . Homicide . Undetermined manner .
MED) e the forward L DIR desig	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
> 0 8 E 1	SIGNATURE SIGNATURE DEPUTY MED CAL EXAMINER 3'/11/62
D SPE 0	NAME (Type) James I. Boyd Address , Street, city, town or county
O S TO PA S	22e BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 'own, or country) (State)
the St	BURIAL 3-15-64 LINCOLN MEM. CEMETERY SUITLAND, MD
VR A15ME	23 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE MAR 1 5 '62 Author S. Krous
5M 1/62	XO M I TIMES ME. DO 12 -18 MINE. N.C. DATE BEEN S. Thomas S. Thomas
7	VI-1 17 21P



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution Residence before admissiona. COUNTY b. COUNTY Prince George's MARYLAND Maryland Prince Genr Prince George(s b. City OR TOWN (if outs da corporata imita c LENGTH OF STAY N 16 write RURAL and give neerest town) Riverdale d. STREET ADDRESS Mobile Homes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address) e. 15 RES DENCE ON A FARM? Leland Memorial Hospital YES NO 4 5th Street NAME OF Middle DATE DECEASED OF (Type or print) DEATH Louis 8. DATE OF BRTH 7. MARRIED TEVER MARRIED 19. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months | Days WIDOWED | .1903 Male within 24 hours after 18. Give Pages 1, 2, ith form PM3, Page if the form PM3, Page in pages 1 and 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stete or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Draftsman Missouri Government 13. FATHER'S NAME Louis J. UNKNOWN Lottie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 3434 Minnesota Ave (Yas, no, or unkown) , (Hyesgiva weror dates of service) Etna Marie Esrich, Washington D.C. 18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b) and ic). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute congestive heart failure Myocardosis geva rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1001 19. WAS AUTOPSY CERTIFICATION should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be saith or its designated agent, prior to burial. PERFORMED? Cirrhosis of the liver 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING [7] CAUSE OF DEATH. 20c. TIME OF NJURY ' 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While ef work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 🔼 Inquiry X and in my opinion Natural causes Surcide death resulted from. Accident Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY A VR ATSME MAR 2 3 160 arthur & Kraug 5M 1/62



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Werdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 110 ON A FARM? 4811 Riverdale Road YES NO K 4. DATE DECEASED (Type or print) Eshel brenner DEATH March 19 62 5. SEX B. DATE OF BIRTH 19. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Sept. 10. 1877 DIVORCED T WIDOWED & 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired Own Home U. S. A. Pennsylvania Housewite 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Margaret Glazier George Humphreville 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror dates of service) Robert E. Eshelbrener Same as #2 (son) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY ANTERIO-Sclenetic HEMATOISERS. 1040. DUE TO DUE TO (a), stating the underlying PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1801 19. WAS AUTOPSY PERFORMED? NO L ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS (Stele) 20d, INJURY OCCURRED. 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. at work | at work 2.3.-... 19...... that (I) (was tast 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on SIGNED FUNERAL 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Lancaster Burial Greenwood 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 [4] 15M 7/61 Francis Gasch's Sons Hyattsville, Maryland DATE

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 1) 2. USUAL RESIDENCE Where deceased lived. If institution: Residence before edit as only e. COUNTY Prince George's Maryland b. CITY OR TOWN IIf outs as corporate limits, E. LENGTH OF STAY N 16 c CITY OR TOWN (If outs de corporate limits, write RURAL end give neerest town) write RURAL and give neerest town! Cheverly BOA

NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street eddress . IS RESIDENCE ON A FARM? 3704 35th Prince George's General Hospital YES NO 3. NAME OF DATE DECEASED OF (Type or print) DEATH Fargon Guy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthdey) | Months | Days WIDOWED 3 December Male 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12 C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retited Maryland Insurance agent 13. FATHER'S NAME Samuel Farson Isabelle Virginia Young IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) | (If yes give wer or dates of service) Martin.Baltimore, Md. Elsie A. 18. CAUSE OF DEATH lenter only one cause per tine for (e), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerébrovascular accident Conditions, if any, which Cardiovascular renal diseage gave rise to immediate cause DUE TO (e), stating the underlying couse last PART II OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO [20e EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED (Enter neture of neury in Pert I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, [City or town] [County] (State) fectory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | nspection 🕱 inquiry | X and in my opinion Natural causes 17 Suicide Undetermined manner death resulted from Accident Homicide CHIEF MEDICAL EXAMINER DESCRIPTION N. P. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . March 25, 1962 EXAMINER'S NAME (Type) Address (Street, city, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) VR A15ME



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE L.MA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edin'ssion) a. COUNTY b. COUNTY Howard Page Maryland files. b. CITY OR TOWN (if outside corporate lim.ts. MARYLAND c. LENGTH OF STAY IN 16 c. CtTY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. write RURAL and give nearest town) Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Can street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Pine Lane, Pfisters Mobile YES NO IN Prince George's General Hospital 4. DATE DECEASED OF (Type or print) Albert Herman Fenrich DEATH 19 March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE In years HE JNDER 1 YEAR | IF UNDER 24 HRS. 56 hinhday) Months October 20,1905, DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Building Minnesota U.S.A. Pages Carpenter P.M.3. 13. FATHER'S NAME 14. MOTHER'S MA, DEN NAME Fenrich Marie Lubenow Fred 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT 3-09-9034 Eleanor Katherine Fenrich, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart faibure IMMEDIATE CAUSE (a) Office DUE TO Coronary artery disease Conditions, if any, which geva rise to immediate cause **DUE TO** (a), sleting the underlying cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 811 19, WAS AUTOPSY PERFORMED? NO plnous 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry and in my opinion should be forwarded to **PUNERAL DIRECTC** Natural causes 🗶 Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED . ASSISTANT MEDICAL EXAMINER SIGNATURE EPUIY DEPUTY MEDICAL EXAMINER IX 3/1/62 EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION 226. DATE THEREO Ö 40 9

YLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH a. COUNTY **b.** COUNTY Prince Georges MARYLAND Maryland Mon tgomery b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town] Pages 1 5 Chever lv 3 davs Silver Springs d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Prince Georges General Mospital 8402 Manchester Road 3. NAME OF M ddle 4 DATE DECEASED OF (Type or print) DEATH Geraldine March 18 19 62 Fitez 16. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthdey) | Months | Deys Hours 55yrs. Female White WIDOWED [DIVORCED 14 July 1906 TOa. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHP, ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Teacher ${ t SCHOOL}$ MARYLAND U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME D D MINNIE B. STAMBAUGH JOHN DAVID Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT 931 Ray Rd. Hyatts. Md. (Yas, no, or unkown) | {|fyasg vawarordatesofservice| physician. Christoper DeFrancisci INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise lo immediata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A UTOPSY HOL PERFORMED? 200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of in ary in Part I or Part II of Itam 18.] CERTIFF OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20c. TIME OF INJURY Month, Day, Yaar 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. [City or town] (County) factory, straat, offica bldg., atc.) While Not Whila AFD. Hour a.m. at work at work DIRECTOR: 19 6 0 to 3// 8, 196 0 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... 1816 219 and that death occurred at 2.30AMom the causes and on the date stated above. saw the deceased alive on.... 22b. DATE 22a SIGNATUR SIGNED **ATTENDING** M.D. | PHYS. eth. Page 4
FUNERAL DIRECTOR 3-20-62 22d. ADDRESS 22¢ PHYSIC AN'S NAME ,Type) Dr. Leon Levitsky. M.D. R.I.Ave. Mt Rainier, Md. 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Blue Ridge Cemetery MARYLAND Burial 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Theatuns ADDRESS WASH. D.C. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 ,4) 15M 7 '61 3821 14TH. ST. N.W. DATE MAR 2 () 162 Christing & House

YLAND STATE DEPARTMENT OF HEALTH



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence befor admiss o) 1. PLACE OF DEATH a. COUNTY a STATE h COUNTY files. Prince George 8 write RURAL and give nearest town? Cheverly D.O.A.
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street a idress) d SIRE Baltimore . IS RES DENCE ON A FARM? YES NO Prince George's General Hospital Leglie NAME OF DECEASED ret DEATH (Type or print) 19 62 UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TE B. DATE OF BRITH last birthday) Months Days WIDOWED 1 JANUARY, 4,71899 Male andwithi 12. CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU done during most of working life, even if ret rad) Radio-television Poland Salesman 13. FATHER'S NAME Jacob Flagman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Rudolph (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Helen Frances Flagman, same 213-10-7845 18. CAUSE OF DEATH [Enter only one cause per line for ,at ,b), and (c, ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO Cardiovascular renal disease gave rise to immediate cause DUF TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, EXTERNAL CAUSE DE LES 281 10 RIBLAS HUURY OCCURED, (Enter nature of in ury in Part I of stam 18. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd, INJURY OCCURRED 2De PLACE OF NJURY (Home, farm, 2Df, (City or fown) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While et work at work Inspection 🗶 Inquiry 🛣 21. I certify that I took charge of the remains described above, he d an Aulopsy and in my opinion death resulted from. Natural causes 🛣 Accident Suicide Hom cide Undetermined manner CHIEF MEDICAL EXAMINER mer DIBoya M D ASSISTANT MEDICAL EXAMINER ACTUAL DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER CO 3/29/62 ö I. BOYD, M.D. NAME (Type) DEP Address (Street city lown, or county) shoul 22c. NAME OF CEMETERY OR CREMATORY 22a BURIAL, CREMAT ON 22b. DATE THEREOF 22d, LOCATION (City town, or country) Baltimore, Maryland Berial 246 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR arthur & Kings VR A15ME Sol. Levinson & Bros Inc. 6010 Reisterstown Road DATE APR 4 5M 1/62

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1			MARYLAND STATE DEPARTMENT OF HEALTH				
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE :			EET, BALTIMORE 1, N	ARYLAND	
# EP/	6		69676	CERTIFICATE Ttem 3 Film G509			03604
funer	JXL)		LACE OF DEATH	/	2. USUAL RESIDENCE (Wh	ere decreesed lived, If institution b. COUNTY	: Residence before admiss on)
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4 hc and deat			write BOKAL and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)
Ss 1 in 1	V		Daniel !	4 years	Louis		//
Page rs a	1		1. NAME OF HOSPITAL OF INSTITUTION	(I not in hospitel, give street access)	d. STREET ADDRESS	10,	a. IS RESIDENCE ON A FARM?
ely v		-3	NAME OF STATES	Jefer whole	1526 Jan	TET Month	Day Yes NO
Current 22			DECEASED Type or print)	(A)	Galgiey or		
e series		!	SEX 6, COLOR OR RAG	7. MARRIED NEVER MARRIED 1 8	colly.	9 AGE (In years of UNDE	196 L
and and and			F us	W.DOWED DIVORCED	Oct 211 1990	lest birthdey) Months 7 2 yrs.	Deys Hours Min.
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ysic emo		"	e during most of working life, even if retar	fame	Betterness	Tool	USA
h ce phy se r		13.	FATHER'S NAME	Gaigley	14. MOTHER'S MAIDEN NAME	7 100	17
ding plea			John A	J. Marshus	Mary	aret Ma	yer
ho of the ricen at, a		15. (Ye	WAS DECEASED FYER IN U.S. ARMED FO	RCES? COCIAL SECURITY NO.	NFORMANT	Baigle Address 15	120 Sanly -
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es the			18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED BY:	e ceuse per line for (e), (b), and (c)	0 2/2	1 6	ONSET AND DEATH
quir ysiç yed t pe t pe n, o			IMMEDIATE CAUSE (a	- dilbra	e Henro	moge	- Imoa
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ndin ndin seen ial-tr			Conditions, if eny, which geverise to immediate cause	74. 1/100000	win		10 7/000
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KN: or te h the bur	1.	۱z	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIST	EASE CONDITION GIVEN IN PA	RT IL 19. WAS AUTOPSY
CID prita ffica ass	real real real real real real real real	ATION					YES NO
hos cert		CERTIFIC	208. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURED.	. (Enter nature of injury in Part I or	Part Is of itam 18.)	
PH the this the the the the the the the the the the		I I	(IF EITHER, NOTIFY MEDICAL EXAMINER				
MG ther ther House		MEDICAL	20c. TIME OF INJURY Month, Day, You Hour e.m.	whileNot While , factor	CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)	(City or town) (C	ounly] (State)
NDI inec		W	p.m. 19	at work at work	1		
Per Cate			21. I certify that (1) (this hosp	ital) attended the deceased from	//		9.6.2 wet (1) (we) last
NEC Selection			saw the deceased alive on	.f.,f.,f19 6 and that	death occured atM,	from the causes and on	the date stated above.
O S shall be S			226, SIGNATURE	101600-	ATTENDING MED.	STAFF R PHYS.	SIGNED
AL AL	,		22c. PHISICIANS	anen M.	DIRECTO		
Pag Pag VEB	- 1		DAME (Type)	WARKEN		e	none and the second second
of the state of th		238	BURIAL, CREMATION, 23b. DATE THE	REOF. 3 23c. NAME OF CEMETERY C	OR CREMATORY 23d.	LOCATION (City, town or cou	nty)c (State)
\$ de .	0		During 3/13	try/ful	Cem	Karnel.	me
VR A15 (4)	M	24	FUNERAL DIRECTOR'S SIGNATURE	ADDROS		REGISTRAR 256, REGISTRAR"	
15M 9/60	M		By Traces	Marine Raine	DATESAR 1 6	162 _ MA &	Thank



1	MARYLAND STATE DEPARTMENT OF HEALTH					
		ET, BALTIMORE 1, MARYLAND				
# 700 C	03811 CERTIFICATE OF DEATH	03603				
s after funeral should		e decessed I ved, If Institution; Residence before admission)				
2 5 5 5 TAI	* COUNTY OR INCH GENRALES MARYLAND STATE ON NEW	KANIA HOLEGHENY				
of + big	b. CITY OR TOWN (if outside corporete limits, c. LENGTH, OF STAY IN 1b c. CITY OR TOWN (If outside of	corporate I mits, write RJRAL and give nearest town)				
24 lan by	write RURAL end give neerest town) 35 MEG	1年 75×·3				
Per t	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?				
≥ P. S. P.	SOUTHERN MARYLAND HOSPICENTED 538 CA	YES NO D				
uted letel pers	3. NAME OF First Middle Lest (4. DAT	Will soul as				
xed	(Type or print) AMES CARAIHAM CANINBLE DER	////				
ed by	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.				
a लिं हिं	WIDOWED DIVORCED 10/13/3/	- Tefris.				
hysician are remove cany avent	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	or fore go country) 12. CITIZEN OF WHAT COUNTRY!				
physician premove any even	COUNTY PROPERTY ASSESSOR 44 ALLIE MOTHER'S MAIDEN NAME	17/1 \ WI DITTI				
death ding p please ind in	THESE RAMPIE	= 4111.48				
de andi and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT	A) Address (mail of the last)				
the Ther val,	(Yes, no, or unipown), (Ifyesgivewarordelesofservice)	PINE VIEW STATE				
That The Tif. '	18. CAUSE OF DEATH [Enter on y one cause per time for (e), (b) and (c).]	Che IN INTERVAL BETWEEN				
res icial by erm or r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ONSET AND DEATH				
on,	DUETO					
w r ng r sign tran mati	Conditions, if any, which (b) CARCINUMA OF THE B	OPHOF COMMEN				
ne fa andi beer rial- crei	gave rise to immediate cause (a), stating the underlying DJE TO THE PANCREAS WITH	CHENERALIZED T				
has has rial,	ceuse lest. (c) HETHSTES					
AN:	PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEA	ASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
Spital spital fifting se as or to	PART II. OTHER & GNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERM NAL DISEASE 2Do. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO AUGE OF DEATH (IF ETHER, MODERY MEDICAL XAMMER)	YES NO K				
Price price	2De. ACCIDENT WAS UNDERLYING _ 2Db. DESCRIBE HOW INTERFED OCCURED. (Enter neture of in ury in Pert 1 or Po	ert II of item 18.)				
Pr this defendable	100000	(City or lowal-) (County) (Stele)				
The School	to the state of th	(City or lowe) (County) (Stele)				
ND R: A det t. o. t.	Hour p. of the st work of white to the state of the state	100 100				
E de Constant de C		tofile (1) (wo) last				
ate ald	saw the deceased alive on. 14.14. 19.4. and that death occurred at 1.14.	form the causes and on the date stated above. 22b. DATE				
O E C C C C C C C C C C C C C C C C C C	220. SIGNATURE ATTENDING MED DIRECTOR ATTENDING MED DIRECTOR	STAFF / SIGNED				
A THE	22c. PHYSICIAN S 22d. ADDRESS					
Will Bag	NAME (TYDE) FRANCH	AVE, CLINTON, HD.				
O - No of the least of the leas	236, BORDER CHEER TO STATE TO	OCATION (City, town or county) (City, town or county)				
200	Burat man 31-6's Charteers amiley (arregie pa.				
YR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECO BY RE	GISTRAR 256. ROSISTRAR'S SIGNATURE				
15M 9/60	1 1 DATE APIE 2	02				
	West 60 10-0					



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edm ssion) e. COUNTY **b.** COUNTY Prince Georges Charles MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) write RURAL and give nearest lown) Transient Waldorf Brandywine - Rural d. NAME OF HOSPITA. OR INSTITUTION (if not in hospital, g va streat address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IC Dobson 3. NAME OF Middla Last 4. DATE Month DECEASED (Type or print) 1962 Carl ton Edward Garner DEATH Jarch 30. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED X B DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR) IF UNDER 24 HRS. d Zwi last birthday) Male WIDOWED DIVORCED [10, 1905 10a. USJAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR NOUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Plumbing U.S.A. Maryland Plumber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jane Williams Edward Garner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgivewerordetesofservica) Elsie Wilmer, Faulkner, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH BARTLL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure " in pencil i Office alor burial-tran DUE TO Coronary occlussion Conditions, if any, which gava rise to immadiate cause DUE TO (e), sleting the underlying Examiner nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? 3 remati WOL NOX Medical T 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Itam 18.) 20e. EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED : 2Da, PLACE OF INJURY (Home, ferm, ' 20f. IC by or lown) (County) (Stefa) factory, streat, office bldg., atc.) While Not While Hour a.m. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 . Inspection 💢 👢 Inquiry and in my opinion 0 forwarded t Natural causes X death resulted from Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S March NAME (Type) ames I. Address (Street, city, town, or county) 220, BURIAL, CREMATION, 220. DATE THEREOF 22e NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Steta) REMOVAL (Spacify) Waldorf, Md. 4-1-62 Oakland Cemetery Rurial **ADDRESS** 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME The Huntt Suneral Home, Waldorf, Md. arihar & House 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) e. COUNTY e. STATE **b.** COUNTY the t Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give negrest town) month and Glenn Dale (runa] Washington 6 days . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Glenn Dale Hospital L. St. YES NOpletely 3. NAME OF Middle DATE DECEASED OF {Type or print} DEATH Gates 19 Marv 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR) and lest birthday) Months Hours Female WIDOWEDS DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 5 RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Unknown Ga. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME *tinknown* Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we cordates of service) Mrs. Boatman. caseworker Unknown 18. CAUSE OF DEATH [Enter only one cause per line for ,e) (b), and (c).[INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Brinchopneuminia, bilateral 6 days IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY Generalized arteriosclerosis; rectal stricture due to lymphopathia PERFORMED? venereum: chronic ovelonephritis 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 10. 3/25/ 1992, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on DIREC 22e, SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR Y PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS Clern Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) (Stote) REMOVAL_(Specify) |3-30-1962 Harmony Memorial Park Burial Huntsville. Md. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REGISTRAR'S SIGNATURE VR A15 (4) 15M, 7, 61

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY arviand rince Ceorges County Prince Jeor es County MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate l'mits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b. write RURAL and give negrest town) Cheverly. lis Dava Mcen'elt d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO V <u> Prince Georges Lenoral</u> Ridge 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH Louis Cerstel arch AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH last birthday) Months 27970 WIDOWED [DIVORCED 10a. USUAL OCCUPAT ON IGINA Kind of work 106. KIND OF BUSINESS OR INDUSTRY 1 12, CITIZEN OF WHAT COUNTRY? 11. EIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired) Clothing Collector England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Gerstel Sarah Weissbroth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (if yes give wer or detes of service) Lilian Gerstel 14 Z Ridge Rd., Greenbelt 18. CAUSE OF DEATH [Enter only one cause per line for (e) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to 'mmediate ceuse DUE TO (a), stating the underlying PART I. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOPSY PERFORMED? NO F 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While at work et work 25. 1962..., and that death occured at 0.: 50, Frohlahe causes and on the date stated above. saw the deceased arive on..... 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S Prince George's General Hosp., Cheverly, Md 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b DATE THEREOF 23s. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) National Mem. Park Falls Church, Va. Burial 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE ADDRESS. VR A15 [4] ISM 7:61 9th Strebt N.W. DATEMAR 2 8 '62

DVI AND STATE DEPARTMENT OF HEALTH



W. PRESTON STREET, BALTIMORE 1, MARYLAND Im G3 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) . COUNTY b. COUNTY PRINCE PRINCE MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? SUITLAND ROAD HOSPITTAL ANDREWS YES NO 3. NAME OF 4. DATE Month DECEASED (FEORGE (Type or print) GORDON DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months MALE WIDOWED [DIVORCED [10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY. 11. BIRTHPLACE (County & State, or fore on country) 1 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) RET- ARMY HADLEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A DELE (NATTILE) GORDON 1 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. JUNE GORDON UPIG SVITUAND 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c., l) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause DUE TO (e), steting the underlying ACCIDENT WAS UNDERLYING L OR CONTRIBUTING ME CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 26d/INJURY OCOURTED | 20e. PLACE OF INJURY (Home, farm, (State) Month, Day, Year factory / street, office bldg., etc.) 22 Near While Not While 19 / 2 et work et work / OML. 19. A and that death occured alliality, from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S WILLIAM K GROVE, Capt USAF MC USAF HOSP, ANDREWS AIR FORCE BASE, MD 23e. BUR AL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 250. RECO BY REGISTRAR 256. REGISTRAR SIGNATURE ADDRE VR A15 (4) 15M 9/60 DATE



TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY b. COUNT Prince Georges Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chever ly days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 9807 River Road YES NO NAME OF 4. DATE Middle Manth DECEASED (Type or print) Clara DEATH HALL Gordv 19 62 20 6 COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months | Days Female White WIDOWED TO 30 Sept. 1885 DIVORCED [10s. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) None Houselvife U.S.A. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JARMAN HENRIETTA ELISHA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT TERS LANE MRS RUTH MULLIKIN (Yes, no, or unkown) [[fyesgivewerordatesofservice DISTRICT HOHIS, MD 18. CAUSE OF DEATH |Enter only one cause par line for (e), (b), end (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1611 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of Item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2DI. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. at work saw the deceased alive on 3-20 _____19....62, and that death occured al.2.05AHom the causes and on the date stated above. 22n. SIGNANURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d ADDRESS Dr. Benjamin S. Peoson 23a. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) INCOLN (EMETERY 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61



death certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH



1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
		03618 CERTIFICATE OF DEATH	03612
		PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived.	If Institution: Residence before edmission
		Prince George's MARYLAND Maryland Prince George's	
	-	C. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town)	rite RURAL end g ve neerest lown)
77		Cheverly 37 hrs.hOMin. 77Cottage City	
11		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	IS RESIDENCE ON A FARM?
	,	Prince George's General Hospital 3703 40th Avenue	Pth Doy Year
		DECERSED (Iyon or origin) Rahar Cimi	
	5.		rch 12 1962
	F	emale White widowed Divorced 3-10-62 lesi birthde;	Months Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stale, or foreign countries during most of working life, even if retired)	y) 12. CITIZEN OF WHAT COUNTRY
		_ h d	
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
1)	45	Earl Greer Bobbie Louise Wilson	
	{Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Addr., no, or unknown) (lyesgive werordelesofservice)	
	- 1	IB. CRUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	e as above
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*(1) Bilateral Pulmonary Atelectosis	ONSET AND DEATH
		DUE TO	
		Conditions, it eny, walch \ (b(2) Prematurity	
		geve rise to Immediate cause (e), stating the underlying DUE TO	
		couse last. (a) Cephalohematoma	DUITE DA BARANTA AREA ALTOREY
3.	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF	PERFORMED?
	FICA	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert Lor Part Lot tem 18.)	YES NO 1
	CERT	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	Įγ.	20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town)	(County) (Stele)
	MEDICAL	Hour e.m. While No! While factory, street, office bldg., stc.) o.m. 19 et work et work	
		21. I certify that (I) (this hospital) attended the deceased from 3.//c	//, 196.2, that (I) (we) la:
		saw the deceased alive on 3/1/2 and that death occurred at 754M, from the cause	s and on the date stated above
		220 S GMATURE ATTENDING MED. STAFF	22b. DATE SIGNE
		22c. PHYSICIAN S PHYS. DIRECTOR PHYS. L	
		MARIE (True)	West Hyattsville, Me
	236	BURIAL, CREMATION 236. DATE THEREOF 1236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City,	
		Cremation 3-19662 Prince Geo. Gen. Hospital Cheverly, Ma	ryland
0	24	FUNERAL DESCTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256.	
A.		Hotry W. Penn, Jr. Administrator 7 DATE MAR 2 1 '62	Circling S. Kraus
Y	2	-12+4,3/	



124	MARYLAND STATE DEPARTMENT OF HEALTH	
- 7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR OBCINETE OF DEATH	E 1, MARYLAND
s effor funeral should	1. PLACE OF DEATH 2 LIMITAL RESIDENCE (Where deceased lived if instit	ulion: Residence before edm ssion)
the funera attended 2 should	Prince George's MARYLAND Aryland Prince G	
hour y the and 2 learth.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL)	
M) 4 8 8 8	Cheverly 20 days and Brentwood	
Filled in Filled	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Prince George's General Hospital 3804 Windom Road	o. IS RESIDENCE ON A FARM?
pletely papers.	3. NAME OF first Maddle last 4 DETP	Day Year
executed pletel	DECEASED (Type of print) Gladys E Hamilton DEATH March	13 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED N. 8. DATE OF BIRTH 9. AGE (in years IF the property of the p	NDER 1 YEAR , 1F UNDER 24 HRS.
ate be be the transfer of the	POLICE STATE OF WIDOWED DIVORCED 11-12-1900 61 yrs.	12. CITIZEN OF WHAT COUNTRY?
certificate be physician and a remove cart any eyent, w	done during most of working life, even if refired	LL, L
	13. FASHER'S NAME 14. MOTHER'S MAIDEN NAME	2/3/
death ading p please	Suy Bush = Gertrude arma R	ced.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) (Hyesgive werordates of service)	alove
that the n. the atte the atte it. Then emoval,	506-28-8545 Muy Dent Hamilton	
ician ician by by ermi	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Congestive heart failure	INTERVAL BETWEEN ONSET AND DEATH
ohys sit p on,	Fibrinous pericarditis	1 month
aw r ing l ing l rsign tran	Conditions, if eny, which the Mitral stenosis	T moll off
he la tend bee bee urial.	geve rise to immediate cause (e), stelling the underlying DUE TO Chronic Rheugatic Heart Disease	unknown
N: 7 or at or at e has the burial	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN II	DEDECTRIED?
rysicily hospital certifica or use as prior to	Lobar pneumonia (left upper lobecausative organism undetermin 200 ACCIDENT WAS UNDERLY NG 200 DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert For Pert II of item 18) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHITEREN NOTIFY MEDICAL EXAMINER	ed) YES X NO
표 · Signal	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Head of the Picture o	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour e.m. While factory, street, office bldg., etc.)	(County) (State)
T 0 84 T		
# E O S &	21. I certify that (I) (this hospital) attended the deceased from	., 19, that (I) (we) last
A San	saw the deceased alive on 3-13 19.62, and that death occurred at 1.20, from the causes and	on the date stated above,
	Laved D. Or when M.D. ATTENDING MED. STAFF PHYS. [] DIRECTOR DIRECTOR DIRECTOR DIRECTOR	3/13/6
PITA Page ERAI with	22c. PHYSIC AN'S	condit Med
N S S		verdale md
H die N	234. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town of REMOVAL (Specify)	(Stete)
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS TO RAMILES 258, REC'D BY REGISTRAR 1 256, REGIST	Kana, FUEVLASELE
15M 7/III	MAR 1 9 62 Mary Land Date MAR 1 9 62	IN A TOMA



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Page lies.	e. COUNTY Prince George's MARYLAND o. STATE Maryland o. COUNTY o. STATE Maryland
is necessary. Sirector. Page your files.	b CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (if outside corporate limits write RURAL and give neerest town) cheverly c. CITY OR TOWN (if outside corporate limits write RURAL and give neerest town) Ll days
for y lis	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street endiress)
funeral funera	YES NOW X
the Street deer de	Decreased (Type or print) Clara Estelle Harbaugh Dearth March 17 19 62
an death	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIN years FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Hours
s affer 1, 2, 2 ge 5 ge 5 and 72 ho	10e. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12, CITIZEN OF WHAT COUNTRY?
24 hours & Pages 9M3, Pages 1 pages 1 within 3	Clerk Retired Haryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
E E E	Charles Harbaugh IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address Address
tem 18. with forwith forwith.	no 212-10-3293 Charles Seay, same as # 2
execucil in Halong ransit I	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure
n ben n pen ffice a urial-h	Conditions, if any, which (b) Generalized arterieseleresis
te shor ding"; er's O es a bi r remo	Gond flons, if any, which gave rise to immediate ceuse (e), stelling like underlying DUE TO
B 본 등 B P	Cause lest. (c) PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a. 19. WAS AUTOPSY
vord vord cal E d be emati	PART II. OTHER S.GN. FICANT CONDITIONS CONTR. BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1 19. WAS AUTOPSY PERFORMED? YES NO XX
TER: Ti og the v of Medi 3 shoul rrial, cr	200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) PRIMARYD or CONTRIBUTING Fell out of bed
AMINI, writing to Chief Page 3	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (C'ly or lown) (County) 8:00 our e.m. 3/6/19 6 2 work Not While et work A feetprojiteed, office bidg., etc.) Fast Riverdale P. G. Mi
ficate to the prior	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my opinion
OICA a certi arded REC:	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
UTY MEI Secute the d be forward to be forward to be forward to be signated to be	ACTUAL SIGNATURE DATE SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
exection by NERA	EXAMINER'S James I. Boyd Address (Street, cly, town, or county)
Should be started by Property of the started by	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
H C	EUTITAL 5-20-1962
VS. A15ME 5M 7/59	G. Howard Strong 3207 W. North Ave., 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution. Residence before edmission) . COUNTY b. COUNTY Prince George's MARYLAND Marvland Prince George's b. CITY OR TOWN (if outside corporale limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) director. Your write RURAL end give nearest town) ō Chever ly 14 days Hyattsville d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RES DENCE funeral ON A FARM? 3917 Oliver Street Prince George's General Hospital YES NO A Stat 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Alexina Harrison Harris March 28 2 with t 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. in pencil in Item 18. Give Pages 1, 2, and .
Difice along with form PM3. Page 5 may wrial-transit permit. File pages hand 2 wi oval, and in any event within 74 hours last birthday) Female WIDOWED A DIVORCED T Sept. 1, 1885 76 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia U.S.A. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cassius Alexander Harrison Betty Devons 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 702 Grant Street (Yes, no, or unkown) (Ifyesg'vewerordetesofservice) Wargaret Harris Tucker W. Lafayette, Indiana 18. CAUSE OF DEATH [Inter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrithmia Office DUE TO Arterieseleretie heart disease gave rise to immediate cause Examiner's **DUE TO** (a), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 15. WAS AUTOPSY 200 PERFORMED? Fractured left femur YES NO plnods 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Page 3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 19 62 of work of work Hyattsville, P.G., Maryland Home OR: 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection XX Inquiry XX and in my opinion death resulted from. Natural causes Accident X Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designațed ACTUAL should be for FUNERAL 1 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnous NAME [Type] Dr. James I. Bovd Address (Street, c'ty, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Steta) Burial (Specify) 0 8 Mar 30, 1962 Scottsville Cemetery Scottsville Virginia ADDRESS 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS, A15ME F. Gasch's Sons Hyattsville, Md. SM 9/60

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1	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
* To To	-	USAZZ CERTIFICATE OF DEATH 03616	
s after funeral should	1	1. PLACE OF DEATH e. COUNTY e. STATE A	sion)
hours the find 2 s	M)	b. CITY OR TOWN (if outside corporate limits, c. ENGTH OF STAY N 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	-
in by the stand		TAUREL and give negresi town) LAUREL CAM 5-12-19EV BAPTI MARE 3.	<i>†</i>
filled Page: rrs af	IX	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street address) d. STREET ADDRESS a. IS RES DET ON A FAR	RM?
<u>></u> ≥ ≥		3. NAME OF First Modele Last A. DATE Month Dey Year	LJ,
mplete paper		(Type or print) ABBIE M. HARTROVE DEATH 3 23 196.	2
a First	!	5. SEX 6. COLOR ON RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 H 1835 pirihdey) Months Days Hours Mi	
cate ian a ive co		10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if railred) Divorced 1/1/4/31 - 8/3 3yrs. 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. CITIZEN OF WHAT COUNTY 14. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. CITIZEN OF WHAT COUNTY 14. BIRTHPLACE (County & State, or foreign country) 13. CITIZEN OF WHAT COUNTY 14. BIRTHPLACE (County & State, or foreign country) 15. CITIZEN OF WHAT COUNTY 15. CITIZEN OF WHAT COUNTY 15. CITIZEN OF WHAT COUNTY 16. CITIZEN OF WHAT COUNTY 1	TRY?
certificate physician as remove c		MME BARTIMBRE U.S.A	
_	T	13. FATHER'S MADEN NAME LVMAN A. MEALHAN SADAL F.	
	(1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT [Yes, no, or unkown], ([fyes give were realless of service)	
that the .r. the atte		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	M
ires t sician d by permi		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CAM OUT GR. AND LAND THAM 1 42611 ONSET AND DEATH ONSET AND DEATH	
requesigned		2 Cal DUE TO To To I To I Day of the State o	_
nding neen jal-tre		gevarise to immediate ceuse (b) at this viller which	20
or affe te has b the bur burial,		(e), stelling the underlying DUE TO ceusa last. (c)	
TAN: ital or icate h as the	1	PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOF PERFORMED YES NO	25Y
PSIC hosp certiff use rior			中
PHI this of d for		UF EITHER, NOTIFY MEDICAL EXAMINER)	
MARTER PARTER PA		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State Hour a.m., While Not While factory, street, office bldg., atc.))
rENI etain OR: Se de ept. c		p.m. 19 et work et work 21. I cartify that (I) (this hospital) attended the deceased from 5 - 12	last
ATT Per		saw the deceased alive on3 25 - 19.62 and that death occurred aliman, from the causes and on the date stated ab	
OR May DIR 3 she		22a. SIGNATURE ATTENDING MED. STAFF ATTENDING MED. STAFF 3-73- M.D. PHYS. DIRECTOR PHYS. 3-73-	SNED 1
ITAI age 4 SRAI page with the		22c PHYSICIAN'S NAME (Type) TO 11/4 TO KE CALE O	17,1
PH OL. 944	- 1	236, BURIAL, CREMATION, 236. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	1.47
o HOS ath. Frun curector,		Bung 19 3/26/62 Loudon Park Cometery Baltimore Maryland	_ ′
H 5 (4) 15M 9/60	9	20 July Registrar 256 REGISTRAR'S SIGNATURE 25 ADDRESS 25%. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATEMAR 27'62 within 8. Thomas	
.5,100	Me	DAIBYIMI E I DE TOMME S. TOMME	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution; Residence before admission e. COUNTY **6. COLINTY** Prince George so limits, b. CITY OR TOWN (if puls dis corps, etc. limits, MARYLAND Prince George's c LENGTH OF STAY IN 16 c. CITY OR TOWN (flouiside corporere | m ts, write RURAL and a ve aseres) tow write RURAL and give nearest town] Clinton D. O. A. Brandywine d NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress F . S RESIDENCE ON A FARM? Clinton Medical Center YES NO 3. NAME OF M dele DATE Month Yesc DECEASED OF (Type or print) DEATH 1962 March 12th 1962 Margaret Hawkins 6. CO. OR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last b rthdey) : Months WIDOWED | DIVORCED July 15, 1900 10a USJAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House work At Home Maryland
Maryland U.S.A. 13 FATHER'S NAME DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 piece of executed the certificate, writing the word "pending" in pencil in Item 18. Give P Alfred Jackson

15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Mary Pinkney [Yas, no, or unkown] [(Ifyesq ive wer or deles of service) Patrick Elsworth Hawkins same as 18. CAUSE OF DEATH [finier only one cause per line for to (b), and all INTERVAL BETWEEN ONSET AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (=) DUE TO Congestive heart failure Conditions, if any, which gave rise to Immediate cause **DUE TO** ase execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as asith or its designated agent, prior to burial, cremating (a), sletting the underlying 10 last. (c) Hyportensive heart @1sease
Part II. Other's GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 160. 19. WAS AUTOPSY PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Iam 18 PRIMARY or CONTRIBUTING 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town 20c. TIME OF INJURY Month Day, Year (County) fectory, street, office bldg., etc.) While Not While el work et work 21 I certify that I took charge of the remains described above, held an Autopsy 🗍 . Inspection 🗶 Inquiry X. and in my opinion Natural causes Accident . Suicide (Homicide Undetermined manner death resulted from-CHIEF MEDICAL EXAMINER M D ASSISTANT MEDICAL EXAMINER [DESCRIPTION OF THE PARTY OF THE DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) BOYD M.D. Addition 226 NAME OF CEMETERY OR CREMATORY Address (Street city town or county) 22d. LOCATION (City, town, or country) REMOVAL (Spacify) CNION BURIAL MARYLAND 240 REC'D BY REGISTRAR | 246 REGISTRAR'S S.GNATURE 23. FUNERAL DIRECTOR VR A15ME 4339 HUNT Pl., NE DATMAR 1.5 '62 5M 1/62

AND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) o STATE b. COUNTY IMIC c. CITY OR TOWN (# autside corporate limits, write RURAL and give nearest town) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Year OF DEATH 19 (0 0 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH lass birthdoy) Months Dovs Hours (-> yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 SERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? irtinia 14 MOTHER'S MAIDEN NAME INFORMANT Address INTERVAL BETWEEN ONSET AND DEATH in 0.1 /21 the Day PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES 🗌 diem. Ber NO F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part III of Item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Caunty) (State) factory, street, office bldg., etc.) Tarch 10 1962, that I last saw the deceased 1962 30 A.M. from the causes and on the date stated above and that death occurred at 1 ADDRESS (Street, city or town, state) 22d LOCATION (City Jown, or county) (Stale) 246 REGISTRAR'S SIGNATURE 24d. REC'D BY REGISTRAR DATE Civilian S. Ferana

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



301 W. PRESTON STREET, BALTIMORE 1, MARYL OF DEATH G JUS 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Hyattsville, Md. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (il not în hospital, give street eddress) ON A FARM? YES NO NAME OF Middle OF DECEASED (Type or print) DEATH 196 AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED last birthday) Days WIDOWED TXX DIVORCED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) COALMINE 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c), ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO PULMONALE Conditions, il any, which gave rise to immediate ceuse **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 CERTIFICATION PERFORMED? YES NO 20s. ACCIDENT WAS UNDERLYING | , 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH A (Stete) 2Dd. INJURY OCCURRED I 2De, PLACE OF INJURY (Home, larm, 2DI. (City or lown) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While A A Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from OCTOBER, 1962 to MARCH..., 1963, that (I) (we) last saw the deceased alive on... 22e. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR TRANSFORY (Stele) 23d. LOCATION [City, lowin or county] 238 BURIAL, CREMATION | 236, DATE THERE OF 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 162 15M 7161

I AND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03626 CERTIFICATE OF DEATH

Reg. Dist. 03620

					Keg. Dist.	140()()()
1. PLACE OF DEATH o. COUNTY Prin	ce George	# MARYLAND	2 USUAL RESIDENCE (WI	rland b. co	nstitution Residence bounty Pr. G	efore admission)
b CITY OR TOWN (If ours RURAL ond give negress Mitchell	ide corporate limits, write town! Ville	Life	Mitchelly	ville X	write RURAL and give	nearest town)
d name of Hospital (III or Institution Rt. 2, Box		et oddress)	d. STREET ADDRESS Rt. 2, Bo	x 80		e. IS RES DENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Richard	Middle Humphrey	Hook IV.	4. DATE OF DEATH	Month March	Day Year 11. 1962
	77	ARRIED NEVER MARRIED DIVORCED DIVORCED	Jan. 28, 18	9. AGE (In lost birth	years IF UNDER 1 Y	EAR IF UNDER 24 HRS
during most of working li Tobacco Fa	ive kind of work done 10 fe, even if retired)	Own Farm	JSTRY 11. BIRTHPLACE (Stote Marylar			S. A.
13. FATHER'S NAME			14 MOTHER'S MAIDEN N	IAME		
Richard H.	Hook III		Elizabeth	Wells		
15. WAS DECEASED EVER IN (Yes. no. or unknown) (II yes.	give wor or dotes of service)	16 SOCIAL SECURITY NO. 17 218+14-2102 M		11 Hook-S	Address ame as I	tem 2.
PART I, DEATH W	AS CAUSED BY EDIATE CAUSE (a) DUE TO Chich (b) DUE TO DUE TO	Interfor (0), (b), and (c), I	cum c	· live		NTERVAL BETWEEN NISET AND DEATH DELTA
CATIC			T NOT RELATED TO THE TERMI		N GIVEN IN PART 1(c	PERFORMED? YES NO
	CAL EXAMINER)	ESCRIBE HOW INJURY OCCURR				
20c. TIME OF INJURY M Hour o. m. p. m.	Whi		LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or town)	(Coun	aty) (State)
21. I certify that I	attended the dece		/	M. from the cou		
ACTUAL SIGNATURE	Botas	nel		ADDRESS (Street, city or		DATE SIGNE
PHYSICIAN'S Rob	ort B. Sas	sscer, M.D.	Upper M	arlboro,	Md.	
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	2b. DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, I	own, or county)	(State)
Burial	3/17/62	Epiphany Ce	metery	Forestyi	lle	Md.
23. FUNERAL DIRECTOR'S SIG		ADDRESS MICL	240 REC'		REGISTRAR'S SIGNA	
Ritchie Br	os. Fun'l	Home-Upper M	lar bord MAK	2 02	Unitered & The	M.A

VS A15 (4) 15M 10/57



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before editiession) a. COUNTY L. COUNTY Prince Prince George c. CITY OR TOWN (f outs de corporete limits, write RURAL end give neerest town b. CITY OR TOWN of outs de corporete limits, c LENGTH OF STAY IN 16 write RURAL and give neerest town) Carrollton Carrollton d NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street address, d STREET ADDRESS IS RESIDENCE ON A FARM? 84th Avenue YES NO Avenue 3. NAME OF 4. DATE Month Ymar DECEASED OF (Type or print) DEATH 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months WIDOWED ! Nov. DIVORCED Male 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country, IDO. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA FLORIDA None None 13. FATHER'S NAME Loretta Mary Solack Robert Daniel Horan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unkown) ((fives give we ror detes of service)) Robert D. Horan No None Same as 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Convulsive disorder IMMEDIATE CAUSE (a) DUE TO Cerebral palsy gove rise to immediate couse DUE TO (e), stelling the underlying PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) 2De EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df., (City or lown) (County) (Stelle) fectory, street, office bldg., etc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection. and in my opinion be forwarded RAL DIRECT Natural causes -Su cide [Undetermined manner death resulted from Accident Homicide CHIEF MEDICAL EXAMINER should be for ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER Y ᆼ EKAMINER'S NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY , 22d. LOCATION (City, town, or country) REMOVAL (Specify) Arlington Nat'l Cem. Arlington, Virginia Burial 24e REC'D BY REGISTRAR I 24b REGISTRAR'S SIGNATURE VR A15ME Circhier S. Hines W.W. Chambers Co., Riverdale, Md. 5M 1/62



1	Y		MARYLAND STATE DEPARTMENT OF HEALTH
FOR CTA			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
LOK 214	EDE.	_	03622 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03622
DIVALINI DI	In.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Randance bafora admission) a. COUNTY b. COUNTY c. STATE 28 20 20 20 20 20 20 20 20 20 20 20 20 20
Pagrides iles	ĮΨ		Prince George's Maryland Prince George's
ece: tor. ur fi	_	r	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
is n directly your ath.			_Suitland 20 Suitland
de de de	X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. IS RES,DENCE ON A FARM?
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, h	_		Eugene Edgar Nowell March 10 19 02
d d 3			last birthday Months Days Mours Min
d L's		10a	
and			me during most of working life, even if ratired
Page 13. F			CEANOGRAPHER U.S. GOVT New York USA FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Ne live l			As many the same at the same at
A B C C C C C C C C C C C C C C C C C C			WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address.
A Parity and A Par		119	VES WAR I 090-03-4677MRS ALICE DAILEY 139 FOREST ROAD FANWOOD NEW JERSEY
or the state of th			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c
cil in			PART I. DEATH WAS CAUSED BY LOBAR PUEUMONIA
d ben pen ice	,		49 () DUE TO
Per Sur			Conditions, if any, which (b)
ding er's as a			gave rise to immediate couse (a), stating the underlying DUETO
ifice penc amin sed			causa last. (c)
Cert rd " Exa	2	CATION	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
This would build to	1/10		YES 🔂 NO 🗍
Med About		CERTIFI	20b. EXTERNAL CAUSE WAS 20b. DESCR-8E HOW INJURY OCCURED (Enter nature of injury in Part Los Part II of Itam 18.) PRIMARY or CONTRIBUTING
INE find ief			CAUSE OF DEATH. 20c. TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20s PLACE OF INJURY Home farm 20f IC ty or town. (Co. etc.)
AM Wri Page It, p		MEDICAL	Hour a.m. Whila Not Whila factory, streat, office bldg., atc.]
EX ate, of the of		×	p.m. 19 al work at work
A High A Party of the Party of			21. I certify that I took charge of the remains described above, held an Autopsy X., Inspect on X. nquiry X., and in my opinion
DIC arde arde BEG			death resulted from: Natural causes X Accident . Surcide . Homicide . Undetermined manner
des des			CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
RAIL Strike)		DEPUTY MEDICAL EVALUACE TO 7/3 6/69
PU.	0~		NAME (Type) James I. Boyd Address (Streat, city, town, or county)
DE short		22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or country) [State]
C I		12	Jurial 3-21-1962. arlington National arimeters Virginia
VR A15ME		23	FUNERAL DIRECTOR ADDRESS ADD
SM 1/62		И	1.W. Chambers 60. Viverdale, MARYLAND DATE BAR 23 '62 Continua & Thomas
			



MARYLAND STATE DEPARTMENT OF HEALTH Division of Statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed fixed, if institution, Residence before admission) a. COUNTY Prince George's b. COUNTERINCE George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimilis, write RURAL and give neerest town) director. Write RURAL and give neerest town)
Oxon Hill YOUr 40xon Hill 2 years d NAME OF HOSPITAL OF INSTITUTION (if not in hospitel, give street eddress) 4907 Forest Drive e. IS RESIDENCE jo ON A FARM? YES TO NO TH 3. NAME OF 4. DATE Middle Month Day DECEASED 19 62 10 (Type or print) DEATH March Old fford Hunt Howard 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last_birthday) PM3, Page 5 may pages 1 and 2 with within 72 hours a Male Hours August 16,1908 DIVORCED WIDOWED IT in pencil in item 18. Give Pages 1, 2, 3 office along with form PM3. Page 5 a burial-transit permit. File pages 1 and 3 emoval, and in any events. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? dose during most of working his aven it relieed) Communication U. S. A. Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clifford Patrick Hunt Jennie Watkins 16 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (Ifyesgivewerordatesofservice) Eileen Dorothy Hunt, same as # 18. CAUSE OF DEATH [finier only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH Acute congestive heart failure DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Artereosclerotic heart disease Conditions, if any, which (b) d "pending"

Examiner's C gave rise to immediate cause DUE TO (e), stating the underlying cremation, or PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION PERFORMED? Rhaumathe heart disease NO plnous 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam IB.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | forwarded to the Chief Me L DIRECTOR: Page 3 sho ated agent, prior to burial, 20e, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour e.m. al work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection XI Inquiry 20 and in my opinion Natural causes 1 death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL its de-SIGNATURE 3/10/62 DEPUTY DEPUTY MEDICAL EXAMINER TE **EXAMINER'S** Unmes I. Bovd NAME (Type) Address (Streat, city, town, or county) 228. BURIAL, CREMATION, 226 DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 8 23. SUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME DATE MAR 1 3 '62 Civiling S. Thouse 5M 9/60 wash



2. USUAL RESIDENCE (Where decasted lived, If Institution Residence before admission) . PLACE OF DEATH a. COUNTY **b.** COUNTY Prince George's MARYLAND District of Columbia b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) Washington d. STREET ADDRESS . 15 RESIDENCE ON A FARM? Prince George's General 1648 Trinidad Avenue, Hospital YES NO X DECEASED OF (Type or print) Emanue] Hunter March 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (th years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min 8. DATE OF BIRTH 106. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country)

Navy Hydrografic

U.S. Gov t WIDOWED | 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Clerk Virginia

14. MOTHER'S MAIDEN NA U.S.A. pages 13. FATHER'S NAME Eugene Hunter

15. Was decrased ever in U.S. Armed Forces? | 16. SOCIAL SECURITY NO. | 17. INFORMANT -unknown Address (Yas, no, or unkown) ! (If yas give war or datas of servica) 256-10-9939 Gussie Lenetta Hunter 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease geve rise to immediate ceuse DUE TO (e), stating the underlying nsed emation, PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enlar nature of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dey, Year 206. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., atc.) _Not While While at work at work is execute the certificate, t should be forwarded to the FUNERAL DIRECTOR: Par its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection x. Inquiry 🕱 and in my opinion death resulted from. Natural causes X . Accident Su cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S BOYD, M.D. NAME (Typa) Addrass (Streat, city, fown, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 225. DATE THEREOF | 22d. LOCATION (City, lown, or country) New Bern, North Carolina 3/6/62 ò 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Frazier's Funeral Home, 389 R. I. Ave.NW., DC.

LAND STATE DEPARTMENT OF HEALTH

RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

• •

PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY d b MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate Jimits, write RURAL and give nearest town) write RURAL end give nearest town? 2. m d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mom YES NO P 3. NAME OF DATE Middle Month DECEASED (Type or print) DEATH عاصمنا 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work IDE. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or fore on country) done during most of working life, even if retired) 12016 Taper Hanger + 12inlier 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detes of service) Louise/ 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN ONȘȚI AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), stelling the undaritying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1611 19 WAS AUTOPSY PERFORMED? Devio. Clev Sty/c NO V 206 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I, of stem 18.) OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg, etc. While _Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from (1) 1964, that (I) (we) last 2 rc h 21 .1962, and thet deeth occured at! AM, from the causes and on the date stated above. saw the deceased alive on. SIGNED ATTENDING PHYS. DIRECTOR PHYS. L' 62 ath. Page 4 22c. PHYSICIAN S 22d. ADDRESS 23d. VOCATION (City Jown or 23s. BURIAL, GREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY 250. REC'D BY REGISTRAB VR A15 (4) 4



. 1			MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECO	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1	A A DVI A ND
ē P		L		ATE OF DEATH	03626
1.2 should	M		PLACE OF DEATH a. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution e. STATE b. COUNTY	ni Residence before edmission)
deat		1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN I		end give neerest town)
rs after	15	-	Glann Lale (nural) 12 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	W.snington	a. IS RESIDENCE ON A FARM?
ם מיי		- 3.	Glenn Dale Morpital NAME OF Free Middle	5101 Just St., N.E.	Pay Yes NO
			DECEASED (Type or print) Mabel B.	Jackson DEATH 3	27 19 62
		s.	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIR.H 9. AGE (In years IF UNDE last birthday) 1/13/08	RT YEAR IF UNDER 24 HRS.
		10: de			CITIZEN OF WHAT COUNTRY?
	1	L	aundry worker Unknown FATHER'S NAME	Va . 14. MOTHER'S MAIDEN NAME	
		15. {Ye	Robert L. Edmonds WAS DECEASED EVER IN U.S. ARMED FORCES? S. no. or unkown) (Ifyesgive were orderes of service) NO 578-48-4764	Marie Palmer informant Address Decedent	_
			18. CAUSE OF DEATH Itnier only one cause per one for (e) (b), end (c).) PART I. DEATH WAS CAUSED BY: Homographs (co. 1911)	N	INTERVAL SETWEEN ONSET AND DEATH
			MMEDIATE CAUSE (e) Hemorrhage, pu	lmonary, massive	1 day _
		7	Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		l year
	J	CATION	coronary atherosclerosis	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN TH	PERFORMED?
	** ₉	CERTIFIC		RED. (Enter neture of injury in Pert I or Pert II of Item 18.)	
		MEDICAL		PLACE OF INJURY (Home, ferm, 201. (City or town) (Controlly, street, office bldg., etc.)	County) (State)
			21. I certify that (I) (this hospital) attended the deceased from		
			saw the deceased alive on3/27/	hal death occured at	
			vuol Wess	MD PHYS. DIRECTOR TO PHYS.	3/27/62 DATE
	- 1		22c. PHYSICIAN'S Moe Veiss, M.D.	Glenn Dale Hospi Glenn Dale Md.	
		23	PORIAL CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 3-31-62		
		24	FUNERAL DIRECTOR'S/S GNATURE SON 4925 ADDRESS NEW (THE DATE APR 3 '52 CIVILIA	S SIGNATURE
		TX.		AD C	



ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed livad, if institution; Rasidanca bafore edm ssign) e. COUNTY a. STATE b. COUNTY the 2 seath. MARYLAND <u>Prince Leorges</u> Larvland Charles b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wr'te RURAL and give nearest town) writa RURAL and give necrest lown) .ET. Pages d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) Cambrills J. STREET ADDRESS 3º no filled a 15 RESIDENCE ON A FARM? YES NO X 3. NAME OF Georges General Hospital Box 451 4. DATE Year Month Day DECEASED (Typa or print) DEATH Mar 5. SEX AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months I Hours WIDOWED DIVORCED Female attending physician hen please remove 10e USJAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY CE (County & State, or toraign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working tile, aven if retired) 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME .5 15 WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. (17. (Yes, tro, or unkown) { (If yas giva war or datas of service) 18. CAUSE OF DEATH Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: a IMMEDIATE CAUSE (8 DUE TO Conditions, if any, which geva rise to immediata cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181 19, WAS AUTOPSY 0 8 9 PERFORMED? CERTIFICAT NO [20a ACCIDENT WAS UNDERLYING 17 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part or Part II of item 1B , OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF NJJRY (Homa, farm, 20t, (City or town) Month, Day, Year (County) (State) _Not While lactory, street, office bldg , etc.) TORaine TOR: Hour e.m. al work b.m. DIRE saw the deceased alive on. 22a SIGNATURE 22b. DATE ATTENDING SIGNED HOSPITAL hth. Page 4 FUNERAL DIRECTOR PHYS. PHYS. AA D 22c. PHYSICIAN S 22d. ADDRESS Benjamin S. Pecson Marlboro Pike, District Heights 28, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b MOYAL (Specify) 250. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE VR A15 (4) Curling S. Thank

RYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03628
DEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, If institution: Residence before admission) 3. COUNTY
Sary, Page est.	a. SIATE D, COUNT
80年だれ よ	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest town of write RURAL and give nearest town of write RURAL and give nearest town of the rule
S di si como	70 21
P P Soar di	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM?
dell ned ned ned ned her	Prince George's General Hospital 214 Central Avenue
any ne fu etair s Sta deat	DECERSED
4 5	(Type or print) Joseph Hamilton Jefferson 5. SEX 16. COLOR OR FACE 17. HARRIST TO ADDITION OF BUILDING THE PRINTER OF BUILDING THE BU
d d d d d d d d d d d d d d d d d d d	lest birthday) Months: Days Hours Min.
hous	Male Colored WIDOWED DIVORCED May 16 18 91 70 yrs.
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A See See See See See See See See See Se	Farmer Farming Maryland U.S.A
Z o W o W	
連ら 産業 ★	Benjamin Marcel 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes, no, or unknown) (Ifyesgive werordetas of servica) NO Evel vn May Parker Same as #2
then then the the then the the then the	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b., and (c).]
oxe lin long long ansi nd i	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebro vascular accident
l be gences ces a ces a ces a ces a ces a ces a	to the Due to
ould buri	Conditions, if any, which (b) Cardio vascular renal disease
esh esh sa rea	gave rise to immediate cause (a), stating the underlying DUE TO
ficat mine ed c	cause last. (c)
d "h Exa Exa e us	PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D. SEASE CONDIT ON G VEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
work work tcal Id b	YES NO 20b DESCR.8E HOW INJURY OCCURED, (Enter nature of injury in Part Lot 1gm 18.)
R. T the Med shou	YES NO 20b. EXTERNAL CAUSE WAS 20b. DESCR.8E HOW INJURY OCCURED, (Enter nature of injury in Part I or Part
ring inf buri	
wril wril Pag	20c TIME OF NJURY Month, Day, Year 20d. IN.JRY OCCURRED 20e. PLACE OF INJURY, Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bldg., etc.)
EX sate, o the original origin	21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry , and in my opinion
H B B B B B B B B B B B B B B B B B B B	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
DIC e ce ardice age	CHIEF MEDICAL EXAMINER
ME the forward the d	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
Z Bert 2	EXAMINER'S DEPUTY MEDICAL EXAMINER X 3/8/62
EPU se ex should FUNE its des	NAME (Type) JAMES I. BOYD, M.D. Address (Street, city, town, or county)
	REMOYAL (Specify)
45 g	Mar. 11,62 Plum Point Calvert Md
VS. AISME	
SM 9 60	Pinkney Sewell Frince Frederick, DATE MAR 1 4 '62 Command & Thomas

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 3620 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Retigence before admission) filed o. COUNTY b. COUNTY b. CITY OR TOWN Ilf outside corporate limits, write c. LEAGTH OF STAY IN 16 c. CITY OR TOWN Affoutside corporate limits, write RURAL and give fearest town) RURAL and give nearest town) by the ... d 2 shauld ! d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF 4. DATE OF DEATH First Middle Last Day Month Yeor (Type or print) 19 5. SEX 4 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours DIVORCED [WIDOWED [yrs. 100 USUAL OCCUPATION (Give/kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? ofter death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME геточе 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line, for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) unguen **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. CATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART H(g) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING A CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e, PLACE OF INJURY (Home, form. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Haur Q. #1. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. 2- 196 - That I last saw the deceased alive an and that death occurred at DM, fram the causes and an the date stated above. DIRECTO ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL. TERAL DIR 3 should b NAME (Type) 22b. DATE THEREO! 220 BURIAL CREMATION. 220 LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (TStote) REMOVAL (Specify) 14 12/3 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS & 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circling S. Thouse 9 '62 Denne Huc



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institutions Residence before admission) a. COUNTY BL STATE b. COUNTY Prince Georges D.C. by the and 2 MARYLAND b. CITY OR TOWN (il outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town! month and Glenn Dale (rural Washington Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Glenn Dale Hospital YES NO-910 0. St. 3. NAME OF Middle Dev Year DECEASED OF Hugh (Type or print) DEATH R. Johnson 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX JE UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR and last birthday) Months 1 Dave Hours Male Negro WIDOWED -DIVORCED TO 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Boot-black Mac's Valet Shop Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Willie Johnson Rosa Lovinas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) 7---26--1260 Decedent 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Carcinomatosis, generalized IMMEDIATE CAUSE (a) burial-transit DUE TO 6 months Carcinoma of the esophagus Conditions, if any, which pave rise to immediate cause DUE TO (a), stating the underlying cause fast. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON G. VEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? SE YES X NO 957 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e, PLACE OF INJURY (Home, farm, (County) (Stele) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work el work 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased elime on.... 22b, DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital Moe Weiss, M.D. NAME (Type) Glenn Dale, Md. 23d. LOCATION (City, fown or county) 23s. BURIAL, CREMATION. 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Staunton, Virginia 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1SM 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH

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	TOR STATES		,
	Se Se	ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution Residence before admiss of COUNTY a. STATE, b. COUNTY	n)
	director. Pag or your files.	Prince George s CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) a. STATE Maryland CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	_ B
	your dor	write RURAL and give naerast town)	
	dire dire	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d STREET ADDRESS 6. IS RESIDENCE	
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	e funer stained State State death.	AMIL OF FIRST M.ddle Last 4. DATE Month Day Teer CECRASED OF	2
	a la	ype or printil Julia M. Kelly DEATH March 2 1962	_
	and 3 may 2 with 2 with	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.	
	0 10 m č	Temple White WIDOWED DIVORCED Sept 12, 1891 70 yrs. USUAL OCCUPATION (Give kind of work Dib. KIND OF BUS.NESS OR INDUSTRY HI BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Of Working life, even if refired)	5Y3
	s 1, 1 and 1	Housewife Own Home Pennsylvania U.S.A.	
	24 hour e Pages PM3. Pe pages 1	ATHER'S NAME	-
		Patrick Ducey Mary Derskin	
	5 co + = 0	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no, or unknown) (If yesgive war or detas of service)	
	uted willem 18. with for permit.	No None John Henry Kelly, same as # 2	*58
	kecuted in Item and with	PART I, DEATH WAS CAUSED BY:	
	nould be execut in pencil in the Office along v burial-transit moval, and in	MAMEDIATE CAUSE (a) ACUTE COngestive neart failure	-
	ould by in pe Office burial	Conditions, if ony, which (b) Cardiovascular renal disease	
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	8 T W m 4	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPS PERFORMED?	7
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	EXAMINER ate, writing the the Chef M the Chef M rior to burial,	20g. TIME OF INJURY Month, Day Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State)	
	XAD w. w. he c	p.m. 19 at work at work	
	. 3 0 0 0	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion	
	MEDICAL e the certific forwarded to DIRECTO	death resulted from: Natural causes 🗶. Accident 📗, Suicide 📗, Homicide 🔲, Undetermined manner 📗	
,	the the DIR	ACTUAL ASSISTANT MEDICAL FXAMINER DATE SIGNED	
	EV MED scute the be forwar RAL DIR ignated a	SIGNATURE MD	
	SEPULTY ME se execute the should be forw FUNERAL D its designated	EXAMINER'S NAME I BOYD, M. D. Address (Street city, fown, or county) BURIAL, CREMATION, A.26. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stele)	
	a start	BURIAL, CREMATION, 12b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C 17, 10wn, or country) (State)	
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1	7	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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ted with till sers. Page 2 hours		Leland memorial Horpital 500 & Cook Road YES NO E No Less 4. DATE Month Dey Yeer
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sicia d by perm or r		PART I. DEATH WAS CAUSED BY: Congestive Heart Failure ONSET AND DEATH
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TT and be		21. I certify that (I) (this hospital) attended the deceased from
R A A A A B A A B A B A B A B A B A B A		226 SIGNATURE / 22b. DATE
147° =	1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. STAFF
Page Page IERA , pag	4	22c. CHYSICIAN'S NAME (Type) 22d. ADDRESS
Social designation of the design		236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
A G G G	0	Burial 3/13/1962 Ft. Lincoln Colmar Manor, Md.
VR A15 (4)	OK.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE
15M 9/60	Dr.	Francis Gasch's Sons Hyattsville, Md. DATEMAR 13 '62 Carina & Thomas





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before a imission) a. COUNTY Prince George's MARYLAND c. . ENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town) write RURAL and it ve nearest town! East Riverdale ll years Riverdale East d NAME OF HOSP TAL OR INSTITUTION lift not in hosp tall a ve street address d, STREET ADDRESS . IS RESIDENCE ON A FARM? 5211 58th Avenue YES NO TV 4. DATE Middle DECEASED OF (Type or print) DEATH March 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months Days WIDOWED IDOWED D. VORCED January 7, 1897 65 Female 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Home Ohio USA 14. MOTHER'S MAIDEN NAME CHARLES SWISHER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT ALBR IGHT Address (Yes, no, or unkown) | (If yes give war or dates of service) Arthur Cristian Krites Same as 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] "in pencil in It Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acuta pulmonary edema DUE TO Congestive heart failure gave rise to immediate cause DUE TO (a), stating the underlying so last. (d Cardiovascular renal disease
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	DECEASED (Type or print) FRANK JOSEPH LANDRY JR DEATH MARCH 21	19 62
	5. SEX 6 COLOR OF RACE 7. MARRIED NEVER MARRIED KX B. DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEA	R IF UNDER 24 HRS
	MALE CAUCASIAN WIDOWED DIVORCED 20 MARCH 1962	Hours M'n
		OF WHAT COUNTRY?
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	13. FATHER'S NAME	
	FRANK JOSEPH LANDRY ST FRANCES BAILEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address	
	[Yes, no, or unkown] [Ifyasgivewarordatasofservice]	
5	NO NONE FRANK J LANDRY (FATHER) SAME AS IT	EM #2
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	Coordings, if any, which \ (b) Atelectasis, resorption, bilateral, cause undet	v-ntricl f
	gave rise to immadiate cause (a), stating the undarlying DUE TO	00/11
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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	p.m. 19 et work at work	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	saw the deceased alive on. 21 MARCH / 1962 and that death occurred at 0.30R, from the causes and on the	that (f) (XX) last
	220 GIGNATURE 1) TILL A LINE AND THE CAUSES AND ON THE	22b DATE
1	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	21 MARCH 62
1	22c. PHYSIMAN S T O d A. Abramo (22d, ADDRESS	Inttoll 01
	JOHN D BLACKBURN, Capt USAF MC USAF HOSPITAL, ANDREWS AIR FOR	CE BASE, M
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county)	(State)
	Burial 3-26-62 Certifican 1 42	
	24 FUNERAL DIRECTOR'S SIGNATURE (STADDRESS SIGNATURE) 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE) 258. REC'D BY REGISTRAR'S SIGNATURE)	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before edmission) ls new director. Percountilles. e. COLNIY b. COUNTY Coshockon e. STATE Prince George's MARYLAND CITY OR TOWN (if outside corporate I mits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL end give neerest town) write RURAL and give neerest town) for your Board of t Cheverly Walhonding d, NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE Prince George's General Hospital ON A FARM? etained Rural YES NO T 3. NAME OF First Middle 4. DATE Month DECEASED (Type or print) Emma DEATH Jane Langdon March 5 62 19 d 2 with 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. DATE OF BIRTH 9. AGE (In Years | IF UNDER 1 YEAR) IF UNDER 24 HRS leshbirthday) Female White March 17, Months 1.895 WIDOWED [DIVORCED [10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) ve Pages 1, 2 PM3. Page 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Own home West Virginia pages I 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Robert Bennett Sarah Tanner File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordetesofservice) John Frederick Langdon, same as # along with 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Congestive heart failure burial-trans " in pencil j Office alor IMMEDIATE CAUSE (a) P DUE TO C ardiovascular renal disease Conditions, if any, Whiteh gave rise to mmediate cause DUE TO (e), steting the underlying 6 ould be used a cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 01; 19, WAS AUTORSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or lown) (Stote) . (County) Not White fectory, street, office bldg., etc.) While et work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my op nion death resulted from-Natural causes X Accident Suicide Homicide Undetermined manner ase execute the cer hould be forwards TUNERAL DIREC CHIEF MEDICAL EXAMINER y ammighi ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/5/62 ames I. Boyd NAME (Type) Address (Street, c'ty, town, or county) 22e, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY T 22d, LOCATION (City, town, or country) REMOVAL (Specify) FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 8 '62 nut d. I maria



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decessed lived If just fution: Residence before educis a. COUNTY e. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George se CITY OR TOWN (Foulside corporate (mils, write RURAL end give neer strown b. CITY OR TOWN if outs de corporete limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town D.O.A. Cheverly
d. NAME OF HOSPITAL OR INSTITUTION of not in hospite, give street eldress East Riverdale d STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO George's General Hospital 5420 Prince 3. NAME OF 56 th 4. DATE DECEASED OF (Type or print) DEATH Buffington 6. COLOR OR RACE 7. MARRIED X NEVER MARR ED IF JNDER 24 HRS. 8. DATE OF BIRTH 9. AGE In years (IF UNDER 1 YEAR last birthdey) Months | Days | Hours | Min. WIDOWED | DVORCED Nov. 4th. 65 Male YOU 10a. USLAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) 8. Give Pages 1 form PM3. Pag Salesman

13. FATHER'S NAME Insurance U.S.A. enna 14. MOTHER'S MAIDEN NAME Isaac Newton Lantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT UNKNOWN - Buffington (Yas, no, or unkown) (If yes give we ror dates of service) BB #2 . 18**4-10-03**19 Norma Lowery Lantz same ONSET AND DEATH PART I. DEATH WAS CAUSED BY AMAGNADE IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of tem 18 PRIMARY [7] or CONTRIBUTING [7] CAUSE OF DEATH. 2Dc, TIME OF INJURY Month Day Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, 20f (City or town (County) (State) fectory, street, office bldg., etc.) While Not While Hour a m el work el work p.m. ould be forwarded to PUNERAL DIRECTOR 21. I certify that I took charge of the remains described above held an Autopsy . Inspection x. Inquiry 😙 and in my opinion death resulted from. Natural causes Accident Suicide Undetermined manner Homicide MEDIC CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE . ō 3/27/62 EXAMINER'S NAME (Type) BOYD. Address (Street city town, or county) Health VR A15ME 5M 1/62



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmiss on) 1. PLACE OF DEATH-. COUNTY b. COUNTY 2 2 MARYLAND b. CITY OR TOWN (f outs de corporete limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If ourside corporate I mits, write RURAL and give nearest town) ē write RURAL end give neerest town) werdale Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Leland Memorial 3. NAME OF Midd e DECEASED (Type or print) DEATH 1962 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR O 8. DATE OF BIRTH IF UNDER 24 HRS. RACE 7. MARRIED X NEVER MARRIED last birthday) | Months | House WIDOWED [DIVORCED 106 KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE County & State, or fore.gn country) 10a. USUAL OCCUPATION (Give kind of work physician 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) Engravina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending ; and esner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANTA (Yes, no, displaym) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for a), (b), and (c) ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO geve rise lo immediate causa DUE TO (a), sleling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6), 19, WAS AUTOPSY PERFORMED? NO A 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NULRY OCCURED (Enter neture of in any in Pert I or Pert II of item 18.) 20d NJJRY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While Hour am. et work at work 21. I certify that (I) (this hospital) attended the deceased from ... 125 Kit 196 to ... , 19..., that (1) (we) last and that death occured at A. M., from the causes and on the date stated above. saw the deceased alive on DATE 22e SIGNATURE S.GNED ATTEND NG DIRECTOR PHY5. M D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, lown or county) (Slete) CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b Cedar Hill Cemetery 1962 Suitland Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) envilour S. Haus F. Gasch's Sons Hyattsville, Md. 15M 9/60 DATE



N. A.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH	0364
<u>IVI</u>	PLACE OF DEATH a. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside comporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside comporate limits, write RURAL	
(8)	Rural (Glenn Dale) 1 mo., 22 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 108 Atlantic St., S.E. Apt 10	303 ves Day Yes 9 19
Œ	Made White whowed Divorced Dec. 28, 1900 Olympia Months	Deys Hours CITIZEN OF WHAT
T	Bureguard Levell S WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no, or unknown (lives give war or detes of service) unknown Person 18. CRUSE OF DEATH [Enter only one cause per time for (a,, tb), end (c)] PART I. DEATH WAS CAUSED BY: Myocardial Infarction, recurrent	INTÉRVAL BE ONSET AND 1 da
O Dates, containing	Conditions, if eny, which (b) Coronary artery heart disease give rise to immediate cause (e), stating the underlying cause last. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN P. Benign prostatic hypertrophy with urethral obstruction.	unkn
	PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TEXMINAL DESCRIPTION GIVEN IN TO BEATH OF RELATED TO THE TEXMINAL DESCRIPTION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF PART II. OTHER SIGNIFICANT, CONDITION GIVEN IN THE DEPART OF	County)
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De Illed	236. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of control of the contro	mdi_



1/	t	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F 70 70	7	03647 CERTIFICATE OF DEATH 03642
24 hours after by the funer and 2 shouldeath.	M	DELACE OF DEATH COUNTY COUNT
etaly filled in pers. Pages 1 2 hours after	X	d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospital, g.ve street address) d. STREET ADDRESS d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO A NAME OF DECEASED DECEASED OF
icate be execution and carbon within a		(Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED PT 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1/12/e //// E WIDOWED DIVORCED May 3 1870 Shorts, or fore an country) 12. CITIZEN OF WHAT COUNTRY?
sath certifing physic lease remo		Goog Gring most of working life, even if relized) HOSE Farmer Horse tarm Anna Arundel, Md G.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e attend Then pl	T)	CLINK 19 O'CLIN 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) Illyosgivewer or dates of service) Many Links
CIAN: The law requires the ital or attending physician. icate has been signed by the as the burial-transit permit, to burial, cremation, or rem		18. CRUSE OF DEATH Lenter only one course per line for (a), (b), end (c). PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if eny, which (b) Conditions, if eny, which (c) Conditions, if eny, which (b) Conditions, if eny, which (c) Conditions Conditions Conditions Conditions Conditions Conditions Conditions Conditions
ENDING PHYSIC Bained by the hosp R. After this certil 3 detached for use pt. of Health prior		20. ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of newry in Part II of item 18.] OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF IN.URY Month, Day, Year 20d. INJURY OCCURED 20e, PLACE OF NJURY (Home, farm, 20f. (City or town) (Sale) Hour e.m.
Page 4 may be referenced may be referenced by Page 3 should be be with the State Delayer be with the State Delayer Page 3 should be with the State Delayer Page 3 should be with the State Delayer Page 3 should be belonged by the State Belonged Bel	24.6	21. I certify that (I) (this hospital) attended the deceased from 1957 to 1952 that (I) (we) last saw the deceased alive on 1967 1962, and that death occured at
VR AIS (4)		23c. NAME OF CEMETERY OR CHEMISTRY REMOVAL (Specify) March 6, 1962 Nicholas Memorial Odenton Md 24 FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. 23c. NAME OF CEMETERY OR CHEMISTRY 23d. LOCATION (City, fown or county) (State) Codenton Md 25b. REC'D BY REGISTRAR'S SIGNATURE DATE: ARR 7 62 Cultur 8, frame

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Whare decressed lived, If institution, Residence before edmission) e. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND arunce Georges c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs'de corporete limits, write RURAL and giva neerast town) write RURAL and give neerest town) 1ma. 12d Oxen Hill d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Suitland Nursing Home Brockton YES NO Middle Year DECEASED (Type or print) DEATH Sychon or race 7, Married Meyer Married 9. AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BRTH IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED IDe. USUAL OCCUPATION [G ve kind of work 1 12. C.TIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE County & State, or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Abnie Leane , 16. SOCIAL SECURITY NO 17. INFORMANT [Yes, no, or unkown) | (If yes give war or dates of service) 18. CRUSE OF DEATH [Fitter only one cause propertor (e., (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate causa **DUE TO** (a), stating the underlying ceusa last. TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? DESCRIBE HOW INJURY OF CURED. (Enter nature of injury in Part 1 or Part It of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY. Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Steta) factory, streat, office bldg., atc.) Hour a.m. at work at work, 19......, that (I) (we) last 21. 1 certify/that (1) (this hospital) allended the deceased from M, from the causes and on the date stated above. saw the deceased alive on, and that death occured all 228. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata 23s. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 300-4th St. N.E. Hash DATE MAR ! 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. COUNTY **b.** COUNTY Prince George's director, Pag or your fries Prince George's MARYLAND Mary land b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) · Vo 7 days Lanham Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Prince George's General Hospital Bex 266 Defense Highway YES NO A 3 NAME OF Middle 4. DATE DECEASED (Type or print) No rman Maglaad DEATHARON 62 Magnus 19 hould be executed within 24 hours answers in Immed in Item 18. Give Pages 1, 2, and a factor of the second with item PM3. Page 5 in 2 with the pages 1 and 2 with the pages 2 with the pages 1 and 2 with the 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 61 (m Months Hours Ma Le 6-21-1900 Caucasian WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired News Reporter Philadelphia. Pa. Office along with form PM3. burial-transit permit. File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C. MacLeod Sarah Jane McKelvie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (!fyesgivewerordetesofservice) Margaret S. MacLeod same as #2 This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Second and Third Degree Burns (43% body area) IMMEDIATE CAUSE (a) 7 days Examiner's Office a be used as a burial-tr nation, or removal, a DUE TO Conditions, if eny, which gave rise to immediate cause "pending" DUE TO (e), stelling the underlying be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART I(e) 19, WAS AUTOPSY CERTIFICATION assa execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial PERFORMED? Coronary Arteriosolerotic Heart Disease YES X NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 200. EXTERNAL CAUSE WAS to the Ch. PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Clothing ignited when deceased struck a match. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour s.m. March 25 19 62 of work of work K Lanham, Prince Georges, Md. 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. Inquiry X and in my opinion death resulted from: Natural causes Accident X. Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S James I. Boyd. M.D. Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) C 240 9 Philadelphia. Fernwood Cemeterv burial 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE St. The S.H. Hines Co. Washington 9. 5M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH



	83658 CERTIFICA	TE OF DEATH 03645
	1. PLACE OF DEATH	Il 2. USUAL RESIDENCE !Whare dagesand yed, if institution: Residence before a
Y	Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Prince George
7 1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
	write RURAL and give nearest town? Cheverly 15 hrs	14 Camp Springs
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RE ON A
	Prince Georges General Hospital	6733 Prince Georges
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Baby "A" Boy	MacMillan DEATH March 24 19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF JNDER YEAR IF UNDER [ast barthday) Months Days Hours
	Male White WIDOWED DIVORCED	24 March 1962 yrs. 15
!)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	TRY 11 B,RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT C
	None	Maryland U.S.A. 14. MOTHER'S MAIDEN NAME
ŀ	Frederick S haw Mac Millan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Edna Pearl Lawrence
	(Yas, no, or unkown) (If yas give war or datas of service)	
	IB. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	Mother Same as above
	PART I, DEATH WAS CAUSED BY	C ONSET AND
	IMMEDIATE CAUSE (a) prematurity	
- 1	Conditions, if any, which (b) attendance	1
	gava risa to immadiate cause	
	(a), slating the underlying DUE TO	
/	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1.0, 19. WAS A
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	YES 🗌
	208 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR	ED. (Enlar nature of injury in Part I or Part II of Itam 18)
		PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) screet, office bldg., atc.)
	21. I certify that (I) (this hospital) attended the deceased from	3-24
		at death occured at 6114. PM the causes and on the date state
	228 SIGNATURE	ATTENDING MED. STAFF
	72 // // /	M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
6	V RANCE H. Wrestluser	1 22 G. ADDKE33
1	22c PHYSICIAN S NAME (Type) The Thomas A Charleston	6005 Baltimore Ave College Park
1	NAME (Type) Dr. Thomas A. Christensen	6905 Baltimore Ave., College Park,
l	NAME (Type) Dr. Thomas A. Christensen 238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (S
0	NAME (Type) Dr. Thomas A. Christensen 238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 3-31-62 Prince Geo.	Y OR CREMATORY 23d. LOCATION (City, lown or county) (5) Gen. Hospital Cheverly, Maryland 125a REC'D RY REGISTRAR 25b REG STRAR'S SIGNATURE
0	NAME (Type) Dr. Thomas A. Christensen 238. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (S

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1		MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
1 7 N		U2001 Item 13 infor, from birth certificate	03646
TAN TO THE STATE OF THE STATE O			nce Georges
7 6 6 6		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	d give nearest town)
in ad in after	11	Cheverly 27 hrs /4 Camp Sptings d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS	a. IS RESIDENCE
Page Survey		Prince Georges General Hospital 6733 Prince George Dr	ON A FARM?
letely pers. 72 ho		3 NAME OF First Middle Last 4. DATE Month	Day Yaor
mpl pal		(Type or print) Baby Boy"B MacMillan March	25 19 68_
\$ 10 mm		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If JNDER last birthday) Months	Days Hours Min.
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5 6 B		done during most of working life, even 'f retired)	
ng physicase remained in any	ノ	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	. A* _
dee proding and		Frederick Shaw MacMillan Edas Pearl Lawrence 15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 117. INFORMANT	_
atte Ther		(Yes, no, or unkown) [(ffyesgivewarardatesofservice)	
that in. the		18. CRUSE OF DEATH [Enter only one cause per one for (a), (b., and (c).] Mother Same as about	INTERVAL BETWEEN
iires Sicia d ■y Pern or		PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Brown of ref.	ONSET AND DEATH
requence igneral insit		DOLLAR COURT OF THE COURT OF TH	
law ding en s en s l-tra		Conditions, if any, which (b) allectoses	_
The Hence s be be buria		gave rise to immediate cause [a], stating the underlying DUE TO	
N: or a or ha	<i>f</i>	cause last. (c)	VZQOT IA ZAW GE (C-VI TO
SICIA ospital artificate ise as l	1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Pert II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH II IF EITHER, NOTIFY MEDICAL EXAMINER]	PERFORMED?
PHY the h this ce d for t			
NDING ined by t: After detacke . of He		ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour a.m. While Not While factory, street, office bldg., efc.)	unty) (State)
Sept and a sept		21. I certify that (I) (this hospital) attended the deceased from 3-21	
Selection of the select		saw the deceased alive on. 3-25 1962., and that death occurred at 6.40AMom the causes and on	the date stated above
OFF CE Start of Start		22a, SIGNATURE ATTENDING MED STAFF	22b. DATE S GNED
FAL AL AL th th	1	22c. PHYSICIAN'S Wright MD PHYS DIRECTOR PHYS. L	3/20/62
HOSPITA sth. Page FUNERA sctor, pag filed with	-	NAME [Type] Dr. Thomas A. Christensen 6905 Baltimore Ave., College	ge Park. Md.
HO ath.		236. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or country)	
O gallery of		Cremation 3-31-62 Prince Goo. Gen. Hospital Cheverly, Md.	
VR A15 (4)	0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S	
15M 7 61 ~	1.5	Harry W. Penn. Jr. Arministrator	S. Frank
	7,	2-6451/21	



STON STREET, BALTIMORE 1, MARYLAND 036521. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Ras dence before admission) a. COUNTY **b.** COUNTY b. CITY OR TOWN (if outside corporate Ism to c. CITY OR TOWN (If outside corporale limits, write RURAL and give neerest town) þ write RWAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, .5 Pages e. IS RESIDENCE ON A FARM? YES F 3. NAME OF DATE DECEASED (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR RACE 7, MARRIED NEVER MARRIED IF UNDER 24 HRS. (ast birthday) Months Days WIDOWED D 10a. USUAL OCCUPATION (Giva kind of work BUSINESS OR INDUSTRY gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working l'fa, even if retirad) OUSEWINE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give were rdetes of sarvice) un Anum 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise lo immadiate ceuse DUE TO (e), stating the underlying ceusa last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED KI BRUEN BYO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of party in Part I or Part I of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df (C ty or town) Month, Day, Year (County, factory, street, office bldg., etc.) While Not While Hour a.m. at work et work OR ATTEND may be retaine DIRECTOR: 18 -, 19.61 that (I) (we) last 19 2, and that death occurred at 9.... M, from the causes and on the date stated above. saw the deceased alive on ... 22b. DATE 22a, SIGNATUR ATTENDING SIGNED PHYS. DIRECTOR PHYS. HOSPITAL 22c. PHYSICIAN'S 23e, BURIAL, CREMATION, 23b. 23d. REMOVAL (Specify) OP FUNERAL DIRECTOR'S SIGNATURE D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Cirthur S. Hans



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY Prince Georges 라우 다 MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town, write RURAL and give nearast town) month and Glenn Dale (rural) Washington days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO T Glenn Dale Hospital mpletely NAME OF Middle A. DATE DECEASED OF (Type or print) McConville DEATH Gladys 6 COLOR OR RACELT, MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Temale WIDOWED T DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ' 11. BIRTHPLACE (County & State, or loraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Peoples Drug Store Va. Machine Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME es that the death Fenton M. Fitzhugh Mettie Travers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17 INFORMANT Address (Yes, no, or unknwn) | [If yes give war or dates of service] Decedent 18. CAUSE OF DEATH [Enter only one cause per tire for (a), ,b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident DUE TO (b) Left intraventricular hemorrhage 12 hrs. gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION tuberculosis; left thoracoplasty, 1941; healed myocardial infarction: arteriosclerótic cardiovascular disease. 20a ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (State) 20c. TIME OF INJURY Month, Day, Yeer factory, streat, office bldg., etc.] While Not While Hour a.m. at work at work , 19..02 that (I) (we) lest saw the deceased alive 22b. DATE 22a S.GNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Mid. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, , 236 REMOVAL (Specify) 0 2 0 g REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ISM 7 61

YLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	## ## ## MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decessed lived, if institution: Residence before edulission) e. COUNTY
age,	a. STATE B. COUNTY
ecessary, tor. Page ur files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN Ib write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
e de de	Cheverly D.O.A. Ardmore X
si ye	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	Prince George's General Hospital Box 385
Stain Stain	3. NAME OF First Middle Last 4. DATE Month Day Year OF
or the	(Type or print) Doris May McDonnell DEATH Manch 12th 1962
the diffe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE IN YEAR 1. UNDER 14 HRS.
ours 20	Female White WIDOWED DIVORCED Feb. 25, 1962 Ym. 15
after 1, 2, 2, 3e 5 and 2, 2 ho	10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if ratired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pages 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1 s 1	None None Maryland U.S.A.
24 hours after vive Pages 1, 2 PAA3. Page pages 1 and 1 pa	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
File Give	Thomas Francis McDonnell Katherine Elizabeth Osborn
form form	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(Ifyeegivewergrdelesofeervice)]
executed within 24 hours il in Item 18. Give Pages I long with form PM3. Pages 1 ansit permit. File pages 1 and in any every within 7	no no katherine E. McDonnell, same as # 2
and	18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
exection in along ransit and in	IMMEDIATE CAUSE (a) Pneumonia
7 2 9 2 -	4 4 3 X DUE TO
in pould Offic Duria moval	Conditions, if eny, which [b]
ding er's a	(a), stating the underlying DUETO
fice min min	cause test. (c)
cert rrd "pr LExa be us nation	PART I., OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO PRIMARY OF CONTRIBUTING CONTR.BUTING COURSED. (Enter natura of Injury in Port I or Port II of II of Port II of I
k s i wor ical	YES NO P
Medi cr	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.)
EXAMINER: ale, writing the the Chief Me R. Page 3 sho	
writing Chief Page 3 to buri	Hour a m. , Whita Not Whita factory, streat, office bidg., atc.)
Crate, to the OR: P	
	21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion
MEDICAL o the certific convarded to no particular ind agent, p	death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner
MEDIC te the ce forwards L DIRE	ACTUAL CHIEF MEDICAL EXAMINER C
Y W W	SIGNATURE MD ASSISTANT MEDICAL EXAMINER
EPUTY No se execute could be found be found be found be foundard.	DEPUTY MED. CAL EXAMINER X NAME (Type) TAMES T BOVD M D Address (Street city town of society)
12 8 9 5 7 1	22e BURIAL, CONNECTED 22b DATE THEREOF 22c. NAME OF CEMETERY OF STREET AND 1 22d. LOCATION (City, town, or country) (State)
O 5 4 0 9 O 5 4 7 11	AMMAK (Specify)
H	Burial Mar. 15, 1962 Washington National Suitland, Maryland 23. FUNERAL DIRECTOR PAGE 15, 1962 Washington National 248. REC'D BY REGISTRAR'S SIGNATURE
SM 9,60 C	W. W. CHAMBERS CO., Riverdale, Md. DATE WAR 15'62 Cotton & House
Mi	7 - 1 2 2 1 1
	(D. T.L. 3. A. 116.17



1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before as a significant e. COUNTY b. COUNTY MARYLAND Prince Marvland b CITY OR TOWN of outs de corporete limits & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete I m is, write RURAL and give nearest town, Your write RURAL and give nearest town) Brentwood d. NAME OF HOSPITAL OR INSTITUTION . IS RESIDENCE ON A FARM? YES NO TO .Tracks intersection 3. NAME OF DECEASED (Type or print) DEATH 19 62 DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In Yeers last birthdey) | Months WIDOWED DIVORCED ,1956 June -5 10s. USUAL OCCUPATION (Give kind of work 10b K.ND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None None USA MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry William Mc Elver Virginia Ennis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) ((fryesgive werordetesofservice) Elver V. Mc Gargle Same as #2 None 18. CAUSE OF DEATH [Enter on y one cause per the for (e), (b), and .c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Trauma - multiple and severe Conditions, if any, which gava rise to immediate ceuse **DUE TO** (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18) PRIMARY Geor CONTRIBUTING CAUSE OF DEATH. MEDICAL TO BRILLIUM VEITHRED V20 02 LATER IN TO LAND. AND PROPERTY (City or town) 눱 Month Dey, Year 20c. TIME OF INJURY (County) (State) Brentwood Μđ 21. I certify that I took charge of the remains described above, held an Autopsy inspect on X and in my opinion Accident XX Suicide Natural causes Hom:cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE se executional se round be record DEPUTY MEDICAL EXAMINER 3 3/28/62 귱 EXAMINER NAME (Type) Address , Street, city, town or county: Health NAME OF CEMETERY OR CREMATORY (cerr) VR A15ME Citims S. Krous 5M 1/62

TATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



pletely filled in by the funeral spers. Pages I and 2 should 72 hours after death.

24 hours after

The law requires that the death certificate be executed w

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

l.	20000 454111441	L OF PLAIN	00001
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decea	sed lived, If Institution: Residence before edm ssign
	a. COUNTY	e. STATE	b. COUNTY
-	Prince George's MARYLAND b. CITY OR TOWN (1 outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland	Montgomery a l'mits, write RURAL and give nearest town;
	write RURAL and give nearest town)	_	e, se
-	Cheverly 2 days	Takoma Park	1-11-
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	Is residence ON A FARM?
	_Prince George's General Hospital	8203 Houston Cou	YES NO
3.	NAME OF First Middle DECEASED	lest 4. DATE OF	Month Day Yeer
	(Type or print) William	McGinn DEATH	March 22 1962
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. A	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED		9 yrs. Months Deys Hours Min.
10			ign country) 12. CITIZEN OF WHAT COUNTRY
d	one during most of working life, even if retired)		
9.	Accountant Government	New York	U.S.A.
		14. MOTHER'S MAIDEN NAME	
1_	Cornelius McGinn	Sarah Rodgers	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (es, no, or unknown) (liyesgivewerordelesofservice)	NFORMANT	Ad dross
		avenia McGinn Sam	e as #2 (Wife)
-	18 CAUSE OF DEATH Enter only one cause per line for [e), (b), end (c).]	*	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Prostate		ONSET AND DEATH
			7
	DUE TO	_	
	Conditions, if eny, which gave rise to immediate cause		
	(a), stating the underlying DUE TO		
	cause last. J (c) Pulmonary Edema		
Ş	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CON	NOTION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
N			YES NO
CERTIFICATION		. (Enter nature of injury in Pert I or Part I. of	rtem 18.)
CER	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
¥	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or	town) (County) (State)
WEDICAL	Hour a.m. While Not While factor	ory, street, office bldg., etc.)	
×	p.m. 19 st work af work		
	21. I certify that (I) (this hospital) attended the deceased from.		
	saw the deceased alive on	death occured a8.1.50%, from the	e causes and on the date stated above
	220 SIGNATURE	ATTENDING MED.	STAFF 22b. DATE SIGNED
	alaka Kehr	DIRECTOR I	STAFF PHYS. SIGNER
	22c. PHYSICIAN'S	22d, ADDRESS	
	Dr. John Kehoe	6300 Riverdale Rd.	., Riverdale, Md.
2:	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C		ON (City, town or county) (State)
I _	REMOVAL (Specify)		
24	euneral director's signature asch's Sons Hyattsville, Md.		256, REGISTRAR'S SIGNATURE
	A STATE OF THE STA	Land Market & 4 U.C.	Total Andrew Total

MAR 2 7 '62

DATE

arilar S. France

TO HOSPITAL VR A15 (4) 15M 7/61

regh. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conference, page 3 should be detached for use as the burial-transit permit. Then please remove carbattled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with

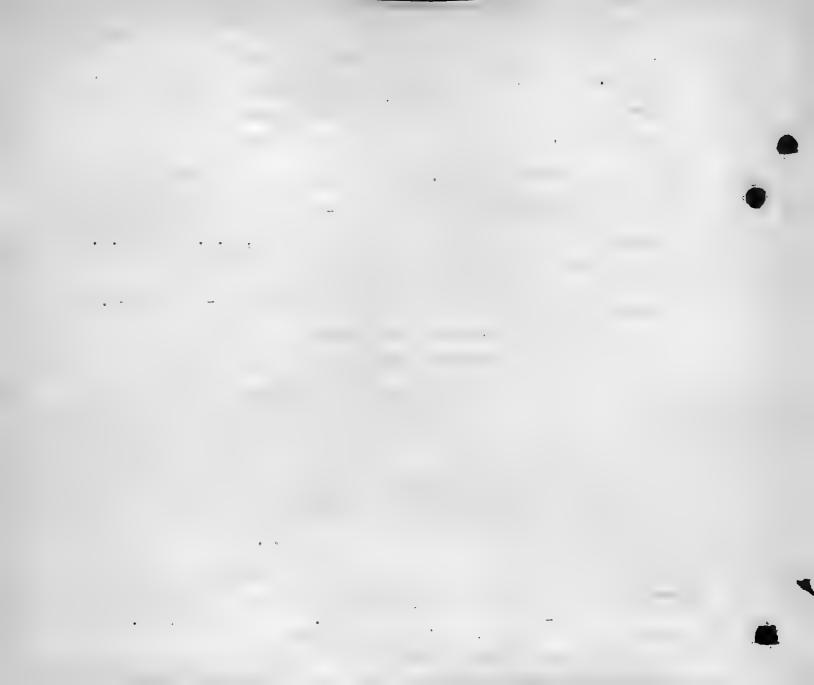
1

OR ATTENDING PHYSICIAN:



b. City or fown (if outside corporate limits, write RUI write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Prince George's General Hospital NAME OF DECEASED (Type or print) Bernard E. McIntire Seat Pleasant d. STREET ADDRESS Another Month OF DECEASED (Type or print) Bernard S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years life U last birthday) Month	George s RAL and give neerest town
b. CITY OR TOWN (if outside corporate limits, write RU write RURAL and give neerest fown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Bernard C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RU and street and street address) A Seat Pleasant d. STREET ADDRESS 7308 C Street OF DECEASED (Type or print) Bernard E. McIntire March S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If U lest) birthdey) Molate of BIRTH 9. AGE (in years If U lest) birthdey) Molate of BIRTH 9. AGE (in years If U lest) birthdey)	RAL and give nearest town)
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Bernard 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If U last birthdey) Month OF March 9. AGE (in years If U last birthdey) Month OF March 9. AGE (in years If U last birthdey) Month OF March 9. AGE (in years If U last birthdey) Month OF March 1. DATE OF March 9. AGE (in years If U last birthdey) Month OF March 1. DATE OF March March March 1. DATE OF March Mar	IC DECIDENCE
Bernard E. McIntire DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years 18 U last birthday) Mo	e. IS RESIDENCE
Bernard E. McIntire DEATH March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years 1st U last birthday) Mo	ON A FARM? YES NO Day
The state of the s	5 19 62 UNDER 1 YEAR , IF UNDER 24 HRS.
70 L	onths Days Hours Min.
Salesman Washington, D.C.	U.S.A.
David McIntire Margaret Richardson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewarordetesofservice) Annabelle McIntire-wife73	08-C. Street
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAJSE (e) DUE TO Pulmonary Congestion	INTERVAL BETWEEN ONSET AND DEATH H day
Conditions, if eny, which geve rise to immediate cause (a), steting the underlying cause last. Conditions, if eny, which (b) DUE TO Arteriosclerosia Heart Diseases	7
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N PART 1,e) 19. WAS AUTOPSY PERFORMED? YES KIK NO
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NURY OCCURED. (Enter network of injury in Part I or Part II of Irom 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	_
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) While Not While fectory, street, office bldg., etc.) P.m. 19 et work at work	(County) (State)
21 certify that (I) (this hospital) attended the deceased from 13 19 19 19 19 19 19 19 19 19 19 19 19 19	
220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/5/62 DATE SIGNE
22c. PHYSICIAN S NAME (Type) WM BRAININ 61 LY central Ang Co	detal ligh my
230. (BURIAL) CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of Cemetery OR CREMATORY Specify) 3-8-62 Cedar Hill Cem. Suitland, M.	d
15M 7/61 DE LA FUNDERAL DIRECTOR'S SIGNATURE HOME TONE TO BE REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 7/62 CANCHAN	RAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admiss on) a. COUNTY .. b. COUNTYY MARYLAND by If and deat c. CITY OR TOWN (If outs de corporata limits, write RURAL and give nearest town) b, CITY OR TOWN (if outs'da corporata limits, C LENGTH OF STAY IN 16 write RURAL and give nearest-town) d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give streat address) e. IS RESIDENCE ON A FARM YES NO 3. NAME OF Middle DECEASED DEATH (Type or print) 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED 5 10a. USUAL OCCUPAT ON (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or fore gir country) done during most of working life, even if retired) MOTHER'S MAIDEN NAME 13. FATHER'S NAME aftending t 1/2 クンフィナン 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, pr unkown) | (Hyesgive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per one for (a), (b), and (c), INTERVAL BETWEEN ۵ ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the undarlying causa last PART 11. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO AT 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 1 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, (City or lown) (County) (State) Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While al work at work p.m. LANDELL 19.6 5 and that death occurred at L.I.M. from the causes and on the date stated above. saw the deceased alive on 22Ь, DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type NAME OF CEMETERY OR CREMATORY 24 LOCATION 238, BURIAL, CREMATION, I 236 (Specify) 8 50 G 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE 15M 9/60



A-	1		MARYLAND STATE DEPARTMENT OF HEALTH	
2	1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
	- T		03659 CERTIFICATE OF DEATH	3654
afte	P A E		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I'ved, if 'nstitution; Residence	dence before admissign)
S.	54 IAI	П	PRINCE Georges. MARYLAND WASH DC 6. COUNTY	V
hor	# 7 m		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g'	va naarasi town)
4	4 2 2	4	RURAL HYATTS UILLE S DAYS	1178 3
-	afte	ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	A I . IS RESIDENCE
TE	E S S		Paint Branch Norsing Home 330 Rhodes Is LANG ADE #10	ON A FARM?
Pe	Fers.		3. NAME OF First Mode Last 4. DATE Month D	Day Year
acu.			(Type or print) RICHARO IGNATIUE MILLER DEATH MARCH	12 1962
ě	8 8 %	11	5. SEX 6. COLOR OR RACE 7. MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE)	
å	The state of the s	/	MALE WHITE WIDOWED DIVORCED TO JAN 10, 1898 GH VIS. Months Day	rs Hours Min.
cate	Yes yes	- 1	100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country) 12. CIT ZE	N OF WHAT COUNTRY?
=======================================	ysic emo		PRESS MAN PRINTING Shop. Upper MARLboro Md . C	ISA.
ű	P ar		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•
leal!	ding sleas		HENRY S. MILLER FRANCIS ELEANOR OWIN	145
ф	en F	ĺ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
幸	The order	- {	(Yas, no, or unkown) (Ifyasgivewarordalasofservice) 578-05-6976 Mand F Goddared 7315 40 Th	VORENTWOOD
s this	rear the factor of the factor		, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN ONSET AND DEATH
dire.	d b or per		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OXEMIA	
redu	gne ion, ion		L V DIETO	
a we	train st		Conditions, if any, which (b) CARCINOMATOSIS, GENERALIZED	2 45
he I	rial cre		gave rise to immediate cause DUE TO	
F te	has e bu		couse last. (c) PRIMARY CA OF KKCTO SIGMOID	3 4 13
A.A.	brate of	o I	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8	19. WAS AUTOPSY PERFORMED?
D de	tific se as sr to	<u> </u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part or Part of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH CHEFTHER, NOTIFY MEDICAL EXAMINER!	YES NO
ho ho	Price Price		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH	
PR	라 라 라			
NG A	ffer Te:		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) Hour a.m. While Not While factory, street, office bldg., etc.)	(State)
TO	deta of			
TE)	C A C		21. I certify that (I) (this hospital) attended the deceased from FEG. 1962 to MAR. 7, 1962	
AT	Se E		saw the deceased alive on MARCH 7.19 63, and that death occured at 1.30 M, from the causes and on the	
- O E	Sha		22e. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b, DATE SIGNED
74	1 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			3/12/62
ITA	Pag With	/	22c, PHYSICIAN'S NAME (Type)	4656
SP	N 5 g		NAME (TYPE) LUTHER W. CHRAY, MO. 1302 18" ST., N.W., WAS	7 6, 0
H			238. BURIAL, CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Stale)
S.	5 d		24 FUNERAL DIRECTOR'S SIGNATURE DE PROPERTIES ROLLING SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NATURE
	M 9/60		Dr. a Consta. Assural Home Mar 15'62 O tun &	
1.01	3	I.	DATE TO DATE	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03660I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence bafora admiss on e. COUNTY's b. COUNTY . MINDER GERRY 1117160 b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mils, write RURAL and give neerest fewn) verite RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ye streat address) d STREET ADDRESS m. IS RESIDENCE ON A FARM? YES NO IX 3. NAME OF Month DECEASED (Type or print) DEATH 19 62 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR ; IF UNDER 24 HRS. lest birthday) | Months | HOWED DIVORCED , A STATE OF THE BIRTHPLACE (COUNTY & STATE, OF FOREIGN COUNTRY) 12. CITIZEN OF WHAT COUNTRY WIDOWED . 10e, USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) 13. FATHER'S NAME T the attending phili. Then please re emovel, and in ar 1 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, of unkown) | (Ifyes give war or detes of service) 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO gava risa to immadiata causa DUE TO (a), stating the underlying PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.] While Not While Hour a.m. et work et work 19 (96) to 3 (15) 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from................. saw the deceased alive on...3 228./S)GNATURE DIRECTOR 23d. LOCATION (City, lown or county) 222, NAME OF CEMETERY OR CREMATORY REC'D BY REGISTRAR 556, REGISTRAR'S SIGNATURE

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before edimission a. COUNTY Prince George Maryland Prince Geor Prince George b CITY OR TOWN "I outs de corporate l'mits, c LENGTH OF STAY N 16 wr ta RURAL and give nearest town) Cheverly

d NAME OF HOSP TAL OR INSTITUTION of not in hospital, g ve street eddress Lanham d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 9014 Magnolia YES 🗌 NO 😿 OF .Typ- or print) DEATH RICHARD EUGENE March 6. COLOR OR RACE 7. MARRIED NEVER MARR ED T 8. DATE OF BRTH AGE IN YEARS HE UNDER 1 YEAR , IF UNDER 24 HRS. last birthday) | Months | Days WIDOWED [DIVORCED [Male November 10a. USUAL OCCUPATION IG vo kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or fore an country! 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad) Student School Washington DC USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROSEMARY ARDIS 16. SOCIAL SECURITY NO 17 INFORMANT ROSEMARY ARDISMitchelSame as 18. CAUSE OF DEATH [Enter on y one cause per ine for (a), ,b), and (c),) INTERVAL BETWEEN or removal PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Hemorrhage and shock DUE TO Fracture of the skull Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the under ying cause last. PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? NO 3 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. struck by an automobile Month, Day, Year (County) .State? factory, streat, office bldg., etc.) 1.30 xx 3/24/82 | st work | at work | x Route 704 21. I certify that I took charge of the remains described above, held an Aulopsy at work Glen Arden Inspection 12 Inquiry to and in my opinion death resulted from Natural causes Su'cide Accident Homic'de Undetermined manner ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Addrass Straet city town, or county) lealth 22a BURIAL, CREMAT ON, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) Burial Fort Lincoln Cemetery Colmar Manor. Pr. Geo. Co. . Md. 24a. REC'D BY REGISTRAR | 24b REGISTRAR'S SIGNATURE W.W. Chambers Company, Riverdale, Md. C. hur S. Kraus MAR 2 7 '62

burial-transit

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5M 1/62

ARYLAND STATE DEPARTMENT OF HEALTH





STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Prince George's Washington, D. C. 하는 다음 MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. C TY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give neerest town! 2 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1441 Newton Street. YES NO A Prince George's General Hospital 3. NAME OF DATE DECEASED (Type or print) DEATH 19 62 Jessie Naa Moran March 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH and 7 D ves Female WIDOWED X Aug. 31, 1891 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or fore gir country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Chantilly, Virginia U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Flora Virginia Moran James Milton Moran 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) Milton A. Moran Washington. D. C. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) L. Massive Cerebral Hemorrhage (Lt. Temporo-Occipital lobe) Diabetia Mellitus Conditions, if eny, which gave rise to immadiate cause (a), stelling the underlying Hypertensive arteriosclerosis heart disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6)) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of insury in Pert I or Pert II of Itam 18.1 200 ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from Time 27 ft 1962 to March 2 11 1965, that (1) XXVe) last 22b. DATE 22a. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. Teil Bergemann 53-A Crescent Rd. #108, Greenbelt, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23e, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) å ē g ë Sterling, McCullock Cemetery, Removal-Burnal 3-30-62 24 FUNEBAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** YR A15 (4) 15M 9/60 Herndon, Virgini& MAR 2 9 '62

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased I vad, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY Prince George's MARYLAND Prince George's c CITY OR TOWN III outs do corporete limits, write RJRAL and give nearest lown write RURAL and give nearest town) Bladensburg Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital give street address d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X ed 5504 Tilden Road Prince George's General Hospital 3. NAME OF 4. DATE OF (Type or print) DEATH 26, 19 62 Bertha March 9. AGE (In Years | IF UNDER I YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Deys W.DOWED-DIVORCED -Female 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, evan if relired)
HOUSE WITE Own Home Texas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Smyth Odell Mary Banka 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO. 17 INFORMANT Address (Yes, no or unkown) (If yas giva war or datas of servica) James Harry Morrison, same? No IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) . INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (a) Cardiovascular renal disease gave rise to immediate causa DUE TO (a), stating the undarlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part II or Part II of item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. NJURY OCCURRED, 20e PLACE OF INJURY (Home, ferm, 2Df (C'ty or town) (Stata) 20c. TIME OF INJURY factory, straet, office bldg., etc.) While Not While at work at work 21 I certify that I took charge of the remains described above, he d an Autopsy Inspection KI. Inquiry X and in my opinion Natural causes Acc dent Suicide Homicide Undetermined manner death resulted from use execute the conording the control of the contro CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER IX 3/26/62 EXAMINER'S NAME (Type) AMES I BOYD, M.D. Add Address (Street, city, town, or county) 226. DATE THEREOF 22a, BURIAL, CREMATION 22d. LOCATION City, lown, or country] REMOVAL (Spacify) Maple Hill Cemetery 3/30/62 Plainfield Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VIII A15MF 5M 1/62 Riverdale, Md. W. W. Chambers Co. andbout & House



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY 6. COUNTY Prince George's MARYLAND Mary land Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL end give neerest town) write RURAL and give nearest town) Chever ly _ Hyattsville 3 Hrs. 5 Min. d. NAME OF HOSPITAL OR INSTITUTION, if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's General 5123 Crittenden Street YES NO . 3. NAME OF Middle 4. DATE DECEASED OF Maude pearl Mullikin (Type or print) DEATH Mar oh 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last buthday) Months Days ent, WIDOWED X Nov. 18, 1882 Female. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) dans during most of working life, even if retired)
Housewife Own Home Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Whittington Sarah Ford 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ; (If yes give war or dates of service) Curtis E. Mullikin Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute Myocardial Infort IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if eny, which gave rise to immediate causa DUE TO (a), stating the underlying Arteriosclerosis Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01; 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. al work at work 19 21. I certify that (1) (this hospital) attended the deceased from see. .19. 6 and that death occurred a 337M, from the causes and on the date stated above saw the deceased alive on....c. 226. DATE 22a, SIGNATUR SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Barry Rosenber 1210 Chillum Manor Rd., West Hyattsville, Md. 23d. LOCATION (City, town of county) 23c, NAME OF CEMETERY OR CREMATORY [State] 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) 3/15/62 Ft. Lincoln Colmar Manor. Md. Burial **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Hvattsville, Md. Francis Gasch's Sons Inthus & House DATE MAR 1 5 '62

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MARYLAND STATE DEPARTMENT OF HEALTH



. 1011	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
	03665 CERTIFICATE OF DEATH	03661
director,	1. PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived If institution Residue) S. STATE D. COUNTY B. COUNTY D. COU	dence before admission)
death.	b CITY OR TOWN (If outside corporate limits, write RIPAL or RIPAL and Service pages town) Town (If outside corporate limits, write RIPAL or TOWN (
4 2 d d d d d d d d d d d d d d d d d d	d. NAME OF HOSPITAL (If not in hospital give street address) or institution 5/00 Ratury Dld 5/00 Berry Ratury	e. IS RESIDENCE ON A FARM? YES NO NO
within 24 har	3 NAME OF DECEASED (Type or print) HELEIN LOUISE NEITZEY DEATH HOPE	Day Year 1962
w +	WIDOWED DIVORCED DE C 18, 1936 ZS yrs. Month	DER 1 YEAR IF UNDER 24 HRS IS Doys Hours Min. CITIZEN OF WHAT COUNTRY?
and campl bon popers 72 haurs af	during most of working life, even if retired) Commerce Defit washington, D.C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	US
ing physician ing physician eremove carl event, within	Walter M. neutrey Donathy Donathy Sonathy	ca2#2
nding pease ren	MI CHIEFOLD IN THE TOLOGO LANGE	
the di	18. CAUSE OF DEATH [Enter only one copie of line for le), (b), and (c).] PART I. DEATH WAS CAUSED BY Walley of June 1. DEATH WAS CAUSED BY WALLEY OF THE PROPERTY OF THE PROP	INTERVAL BETWEEN ONSET AND DEATH
부 수 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는	Conditions, if ony, which gove rise to immediate DUE TO	
requires ian, in signed nsit perm or remay	lying couse lost. (c) Helaftages to they orthogs.	
i: The law reting physician ing physician is that been shurial-transit rematian, or	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
Z g g g	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICI, ital or after this certify are as to burial ar to burial ar to burial	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Haur a. m. 19 While at wark of work 19 at wark 19 While at wark 19 While 19 Work 19 W	(County) (Stote)
ENDING he hosp R: After oched fi	21 I certify that (1) (this haspital) attended the deceased fram. 1960, ta Mary, 19 saw the deceased alive an AMA 1960, and that death occurred at 8 M, from the causes and on	the date stated obove.
d by t ECTO be det of He	220. SIGNATURE M.D ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/19/53 SIGNED
RAL Show	22c PHYSICIAN'S NAME (Type) WICH ETIENNE 22d ADDRESS 47/3 134 124 124	yy de
O HOSP	Bremoval 1/5 pecify 3-13-62 Washington Mem. Park W. Tyuttovet	G,9nd
VR A15 (4) 15M 9/59	24 FUNERAY DIRECTOR'S SIGNATURE ADDRESS WITH ADDRESS 250 REC'D BY REGISTRAR'S 256, REGISTRAR'S WAR 1 4 '62 C. C.	SIGNATURE 7 S. Kraues



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 03667 CERTIFICATE OF DEATH Im C4 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If Institution, Residence before edmission) e. COUNTY e. STATE b. COUNTY Prince George's Prince George's MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) College Park E = hours Cheverly Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? Prince George's General Hospital 5500 Richmond Avenue. Lakeland YES NO 3 NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print) Garfield Nickens DEATH 30 19 62 James March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE III VARIS IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Deys Hours WIDOWED XX DIVORCED 10a USUAL OCCUPATION (Give land of work 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then pleas Thomas Nickens Lula Webb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 4001 Hampden St.. [Yes, no, or unknwn] : [If yes give wer or dates of service] David Nickens Kensington, Md. 18. CAUSE OF DEATH [Firter only one cause per line for (e), (b), and (c),] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. 10 days Bronchopneumonia IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which pave rise to immediate ceuse DUE TO [e], steting the underlying Malnutrition, dehydration PART II. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY CERTIFICATION PERFORMED? SE NO F 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) 20d. INJURY OCCURRED 2Ge. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work .19..62., and that death occured at 0.245%, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNATURE 22a ATTENDING A.M. STAFF SIGNED, DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN Benjamin S. Pecson 7028 Marlboro Pike, District Hgts., Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) DATE THEREOF 23a. BURIAL, CREMATION, 1 23b Arlington National .. Arlington, Va. 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Snowden Rockville. Md. 1SM 7/61 (I then & thousa

MARYLAND STATE DEPARTMENT OF HEALTH

funeral

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physician

requires that the death certificate

HOSPITAL Page 4



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 03668 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY o. STATE MARYLAND Maryland Prince George County Prince Geor*g*e b. CITY OR TOWN (if outs de corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P Laurel, Maryland Laurel, Maryland d NAME OF HOSPITAL (if not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION 1800 Brooklyn Bridge Rd. .800 Brooklyn Bridge Rd., Laurel YES NO TO aurel Maryland NAME OF Middle 4. DATE DECEASED WILLIAM ALBERT NORTHRUP DEATH 29 (Type or print) March 19 62 IF UNDER 1 YEAR! IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B DATE OF BIRTH 9 AGE (In years lost birthdoy)
55 yrs Months Doys Hours Male 8/29/06 Cau. WIDOWED [DIVORCED comple 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Printer Printing Ashland, Kentucky U.S. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Northrup Anne Cope Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1800 Brooklyn Bridge Rd No Mrs. Ann Viola Northrup-Laurel Maryland IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTĚRVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Louds IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which gave rise to immediate **DUE TO** cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur a.m While Not while al wark at wark a. m LUC-13 21 I certify that (1) (this hospital) attended the deceased fram... _1964, and that death accurred at \mathcal{F} M, from the causes and on the date stated above. sow the deceased alive on _ 22a. SIGNATURE 226 DATE SIGNED ATTENDING MED. M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town-or county) NETAL BURECTOR'S SIGNA 25b REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR ISM 9/59



1	MARYLAND STATE DEPARTMENT OF REALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, J	MARVI AND
, "	03669 CERTIFICATE OF DEATH	03664
ing a s	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution	on: Residence before admission)
神織()	a. COUNTY b. COUNTY	e Georges.
a C	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits, write RURA	and give nearast town)
9 7 0 Q a Q	RURAL Hyattsville) 34Rs 3mo Hyattsville	
s aft	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
s. P.	PAINT BRANCH NURSING Home 5 606 31 Hore	YES NO X
72	3. NAME OF DECEASED WILHELMING NONE NORUELL OF DEATH MAR	15 1962
d initial	5. SEX 6. COLOR OR RACE MADDIED NEVER MADDIED 8. DATE OF BIRTH 9. AGE (In years IF UNI	
ĕ ÷	Female white WIDOWED DIVORCED Aug 17, 1873 88 yrs. Mont	Days Hours Min.
Leve Leve	done during most of washing life, even if satised)	CITIZEN OF WHAT COUNTRY?
È	House wife LENACONING 17d.	USA.
<u> </u>	13. FATHER'S NAME HEARY MILFORD MARGARET Schal	dT
E (T)	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO . 17. INFORMANT Address	LIGINDE
Je C	(Yas, no. or thkown) (Ifyosgivewarordatesofservice) NONE JAMES NORVELL 4305 Wh	ecler RdS.E.
Ĕ	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
ò	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) armie marane partie homosthage _	20 min_
Tio.	DUE TO MY	(-) · A ·
je Je	Conditions, if any, which (b) VNUMBUULOUS JMNNNIGO	1.3 - 101-
, 10	(a), stating the underlying DUE TO Ortervarlerohe CVV.	15 ys.
בות מות	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART Ha) 19. WAS AUTOPSY PERFORMED?
\$ C		YES NO
Ž.	2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18) OR CONTRIBUTING CAUSE OF DEATH ITEM IN	
		(County) (State)
5	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, atreet, office bldg., etc.)	
	21. certify that (I) (this hospital) attended the deceased from. 3 - 2, 1955, to 2-15	19 that (I) (we) last
	saw the deceased alive on 3	on the date stated above.
ග් • /	22e. SIGNATURE MED STAFF DIRECTOR PHYS.	3-1C-L
= /	22c. PHYSICIAN'S 22d. ADDRESS	161-
 ₹	NAME (TYPO) R. P. Bauer, M.D. 2513 Bucklouge RV. R	delphi, Mil.
file	230. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or Physoval (Specify)	munty) (State)
Δ.	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRA 25b. REGISTRA	IR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



15	1	DIVISION OF STATISTICAL RESEARCH AND RECORD 03671 CERTIFICAT	os, 301 W. PRESTON STR TE OF DEATH	eet, baltimore 1, maryland 03666
(N	11)	PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where	deceased kved, If Institutions Residence batora adm
1	K	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	1	Prince George's orporate limits, write RURAL and give nearest town!
77	_	Chaverly 3 Hrs. 8 Min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress)	Upper Marlbo	e. IS RESII
	L	Prince George's General Hospital	Box 2768	YES N
	3.	NAME OF First Middle DECEASED	Lesi 4. DAT.	
	5.		Perrie B. DATE OF BIRTH March 3, 1962	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 Hours yrs Ward Amonths Deys Hours
	10 de	D. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)		or fore an country) 112. CITIZEN OF WHAT COL
(=	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(1)	Unknown	Thelma Aretta	Norfolk Perrie
	15. (Ye	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (fyesgivewarordatesofservice)		Addrass
	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	Mother	Same as above
		Conditions, if any, which gave risa to immediate cause (e), steling the underlying cause last.	- 30-24 herbs	glod men 10 mens
(CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM YES NO
		20. ACCIDENT WAS UNDERLYING [] 20. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Pa	rt I. of itam 18.)
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		21. I certify that (I) (this hospital) attended the deceased from.		to3 <u>+3</u> , 1962, that (I) (w
		saw the deceased alive on3-3 19 62, and that		om the causes and on the dete stated
		22. PHYSICIAN'S Determine	ATTENDING MED. ALD. ATTENDING MED. DIRECTOR 22d. ADDRESS	STAFF PHYS.
		NAME (Type). Robert Sasscer	R.F.D. Box 215	O, Upper Maclboro, Mary
		The state of the s	OR CREMATORY 23d, LC	OCATION (City, town or county) (Stat
		. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Septity) 3-17-62 Prince Geo. Ger	n.Hospital Chev	verly, Maryland

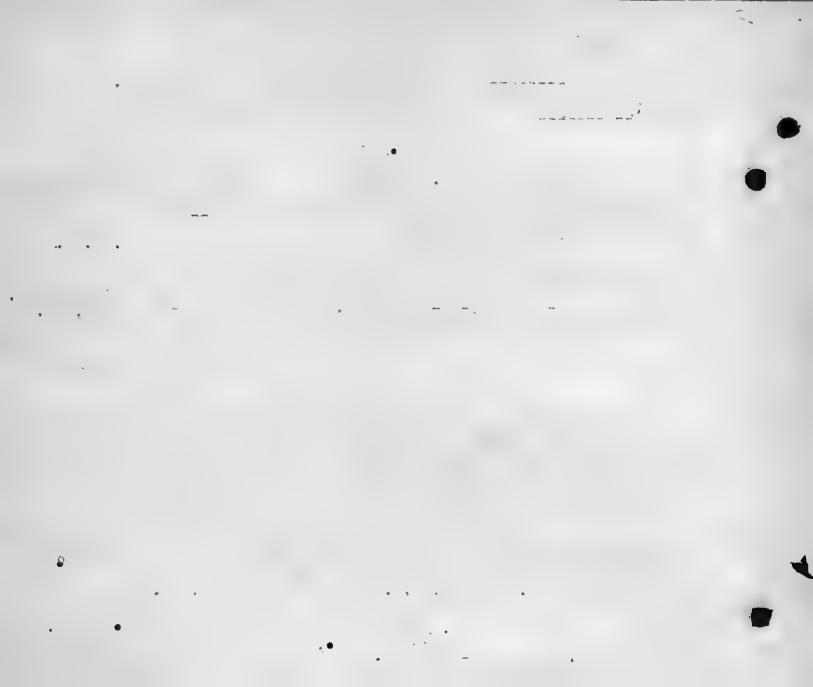
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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ORGANIC O
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	λ.	Prince George's General Hospital Box 2768
oers 72,h	, *	3. NAME OF First Middle Lest 4 DATE Month Dey Yeer DECEASED OF
exe		(Type or print) #2 Baby Boy Perrie DEATH March 3 19 62
be purpose		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IIF JNDER I YEAR. IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
cate ian a ive c		Male White WIDOWED DIVORCED March 3, 1962 Vrs. 3 0
ertifi nysic remo		done during most of working I fe, even if refired)
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in place of	I)	Unknown Thelma Aretta Norfolk Perrie
t the		15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice) Mother Same as above
s tha an. y thy mit. rem		18 CAUSE OF DEATH [Enter only one cause reg line for e), (b), and (c).]
ysici ysici ed b per per		PART I DEATH WAS CAUSED BY: Surnet with - 2 2 4 Who gestation ONSET AND DEATH
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PHY he h his co for for		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AUTOPACAL EXAMINED!
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NDI ined ined ined deta		ZDc. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour a.m. Whila Not While fectory, street, office bldg., etc.]
Sept Sept Sept Sept Sept Sept Sept Sept		21. 1 certify that (I) (this hospital) attended the deceased from
RECORDING State		saw the deceased alive on 3-3 1962, and that death occurred at 11:16 from the causes and on the date stated above.
O TO S S S S S S S S S S S S S S S S S S		22a. SIGNATORD ATTENDING PHYS. STAFF SIGNED ATTENDING PHYS. STAFF SIGNED
RAI Page	- 1	22c. PMTSICIAN'S
UNE Tor, 1	- 1	Dr. Robert Sasscer R.F.D. Box 2150, Upper Marlboro, Md.
S Table 1		236. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State)
VR AIS (4)		Cremation 3-16-62 Prince George's Gen. Hospital Cheverly, Maryland 24 FUNESS DESCRIPTION 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE
15M 7 61	D	DATE MAR 21 '62 Louis S. Mana
3	10,	Harry W. Penn, Jr., Administrator



. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH Georges a COUNTY B. STATE b. COUNTY P rince MARYLAND Marland b. CITY OR TOWN (if outside corporate tim ts, c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 Chever and g ve neerest town) U ppe r Marlboro d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) e. IS RESIDENCE ON A FARM? Prince G e lorge YES X NO B ox 2768 al H . G e ner 3. NAME OF DATE Day Yeer Month DECEASED OF The Im DEATH TON 4 (Type or print) GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 11918 June 29 Fema.le WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Tobacco Farming Own Farm U. S. A. Marvland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME .5 and attendir Then ple Mervin Norfolk Bertha Eleanor Norfolk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ! (If yes give war or detes of service) Eleanor lins-Greenbelt Mden 18. CAUSE OF DEATH [Enter only one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) DUE TO 2105 cli gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES THE NO T wan 205: DISCRIBE HOW INJURY OCCURED, (Epter neture of injury in Part I or Part I of Jam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 1 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20t. [City or town] (County) (Stete) 20c. TIME OF INJURY Month, Day, Year feetory, street, office bldg., etc.) Not While While Hour e.m. et work at work DIRECTOR , to MA 3 19 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... , and that death occured at C.J.M., from the causes and on the date stated above. saw the deceased alive on. DATE 22a, SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. h. Page 4 UNERAL M.D. 22d. ADDRESS 22c. PHYMCIAN'S NAME (Type) Robert B. Sasscer, M.D. Upper Marlboro. Md. 1 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 151ele REMOYAL (Specify) Burial Upper Marlbore Carmel Cemetery 25%, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 9 '62 Bros Fun 1 Home-Md. Cirthur & House DATE

DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMPLER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Resid not before admission, e. COLINTY Prince George 1

b. CITY OR TOWN, fouls dis corporate lin is, write RURAL and give nearest town) South Carolina e LENGTH OF STAY IN 16 a CITY OR TOWN (If outside corporate limits, write RURAL and give near)st town) Riverdale d. NAME OF HOSPITAL OR NSTITUTION of not in hospital of ve street address d STREET ADDRESS e. IS RESIDENCE ON A FARM? DOA Leleand Memorial YES NO Y Chestnut 3. NAME OF DATE DECEASED OF (Typa or print) 9. AGE (In years LIE UNDER 1 YEAR LIE UNDER 24 HRS. 7. MARRIED T NEVER MARR ED last birthday) | Months | Days November IDa. USUAL OCCUPATION (GIVE Kind of work 10b. KIND OF BUS.NESS OR INDUSTRY 11 8 RTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Kelly Motor Lines Truck Driver Mississippi USA ERMON PERRY

15. WAS DECEASED EVER IN U.S., ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Highland (Yes, no, or unknown) | (If yes give we ror dates of service) UNKNEWN Billy Perry 73 Water Witch, New Jersey 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Hemorrhage and shock DUE TO Fracture of the skull, crushed chest gava rise to immadiate couse compound fracture of the right hip DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I) or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Pedestrian 20d. INJURY OCCURRED struck by an automobile 200. PLACE OF INJUNY (Home, form, 2DI. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) Not While Inspection . 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry 3 and in my opinion Undetermined manner death resulted from Natural causes Surcide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER** NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228 BURIAL, CREMATION, 225, DATE THEREOF Chambers Ev Frierdal 5M 1/62



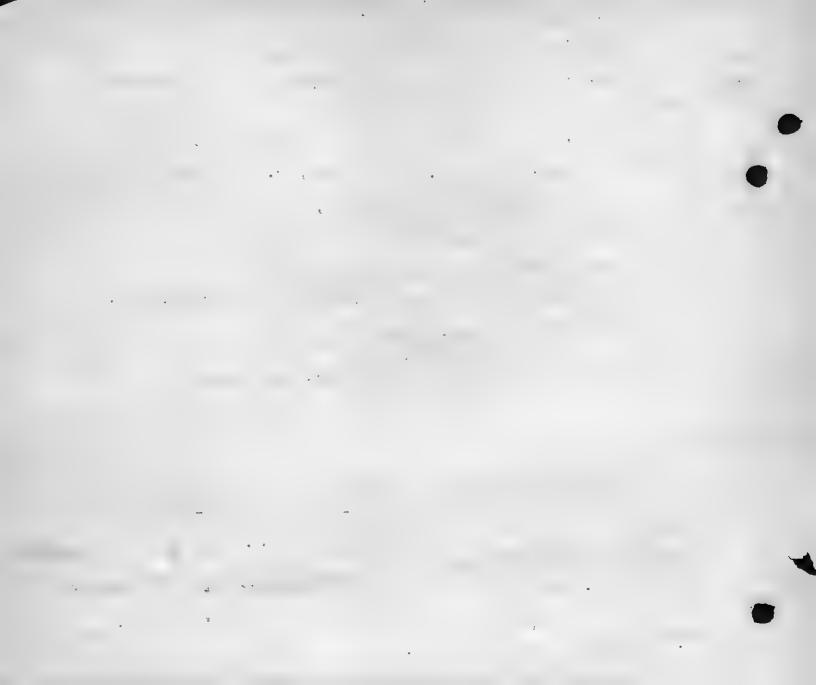
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a. COUNTY b. COUNTY MARYLAND Maryland Prince George's
c. CHY OR TOWN (If outside corporate limits, write RURAL and give flearest town) Prince George's
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Brentwood Chever lv 3 davs Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's General Hospital 3712 Taylor Street YES NO 3. NAME OF Middle DATE Month DECEASED (Type or print) DEATH Poole. Sr. March 23 62 Edgar 19 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH IF UNDER 1 YEAR ! IF UNDER 74 HRS. 9. AGE (In years last birthday) Male White WIDOWED X DIVORCED [May 18, 1885 10a. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) S Retired Guard Railway Express Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Warner S Poole Ella Orme 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give werer deles of service) Edgar M Poole Jr Brentwood Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema IMMEDIATE CAUSE (a) days Congestive Heart Failure davs DUE TO Myocardial Fibrosis vears. geve rise to immediate cause Coronary Arteriosolerotic Heart Disease vears DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES XX NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) WEDICAL Month, Day, Yeer | 20d. INJURY OCCURRED | 20e. PLACE OF NJURY (Home, farm, 20f. (C'ty or town) 20c TIME OF INJURY Not While factory, street, office bldg., etc.) While Hour e.m. et work et work 19.62, and that death occured at \$1.05, from the causes and on the date stated above. saw the deceased alive on.... ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) David S. Clayman 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stele) 23a, BURIAL, CREMATION, 23b, DATE THEREOF Ft Lincoln Cemetery 26, Colmar Manor Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S S.GNATURE **ADDRESS** VR A1S (4) Gasch's Sons Hyattsville Md. Chilling S. Frank 15M 7/61 DATE MAR 2 9 '62

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DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECOR 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE ITH DFP 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before a inter-1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Alabama b. CITY OR TOWN (if outside corporate I m Is, E. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) of director. write RURAL and give nearest town) 0 Riverdale Haleyville HIVERGALE 21 Hrs.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give freet address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Leland Memorial Hospital .O. Box YES NO X #3 3. NAME OF Middle Month DECEASED OF (Type or print) DEATM Franklin 8th 19 March death. nd 3 to with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days WIDOWED Male DIVORCED 'eb 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or furgin country) 12. CITIZEN OF WHAT COUNTRY? es 1, 2 Page done during most of working life, even if retired) Give Pages 1 rm PM3. Pag File pages 1 Exercise Boy Race Track Alabama U.S.A 13. FATHER'S NAME Otto Postell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Beatrice Hulsey event form Address Alabama permit. (Yes, no, or unkown) [(If yes give war or dates of service) P.O. Box #3Haleyville with George E Sisson Unknown 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c).] e along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Fracture skull & left wrist (MMEDIATE CAUSE (a) 's Office s a burial-tr DUE TO Conditions, if any, which (6) gave rise to immediate cause **DUE TO** (a), stating the underlying besu ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 811 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES. 206. EXTERNAL CAUSE WAS PRIMARY TO OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) Medi Passenger in automobile that ran off Chief WEDICAL 20c. TIME OF NURY Month, Day, Year (State) _0 age factory, street, office bldg., etc.) While Not While at work at work Route Inspection 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Accident X Undetermined manner death resulted from Natura causes Su cide Homicide forwar CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [DATE SIGNED SIGNATURE UNEBAL designat PUTY DEPUTY MEDICAL EXAMINER X 3/8/62 EXAMINER'S 2 NAME (Type) Address (Street, city, town, or county) OR CREMATORY 22d. LOCAT ON (City, lown, or country) 22a, BURIAL, CREMATION (State) REMOVAL (Spenify) LOUNIV LEMETER 0 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME WAR 1 + '62 Thur & Thous 5M 9160



MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03673 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution: Residence before edmission) County e. COUNTY b. COUNTY Hvattsville County Prince George's Mesnikedox 라 2 b. CITY OR TOWN (if oulside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) and ٨ write RURAL and give neerest town? .57 1 h days Cheverly Maryland Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's Hospital YES NO Hvattsville Maryland The law requires that the death certificate be executed 3. NAME OF DATE Yeer DECEASED OF DEATH (Type or print) 19 AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 7. MARRIED AT NEVER MARRIED lest birthdey) and Months Dec. 17, 1886 DIVORCED T WIDOWED [75 physician IDe. USUAL OCCUPATION IGIVe kind of work 1Db. KIND OF 8USINESS OR INDUSTRY 11, BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret. Plate Printer U.S. Goverment Washington D.C. U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= aftending James C. Reeves Mary A. Fraser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: 17. INFORMANT 9700 Riggs Rd. (Yes, no, or unkown) (Ifyesgivewerordatesofservice Adelphi, Manterval Between physician. James C. Reeves 18. CAUSE OF DEATH (Enter only one cause per une for (e), b), and (c) signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (USE (e) **DUE TO** (b) geve rise to immediate cause DUE TO (e), steting the underlying lhe he PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? NO 2De. ACCIDENT WAS UNDERLYING | | 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | or Part | of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 2De. PLACE OF NJJRY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While may be retained DIRECTOR: Af Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive 22b. DATE 22e SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) (Slete) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CA REMOVAL_(Specify) Burial Cedar Hill Suitland Md 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) C. thur & Kroug 15M 9/60 Francis Gasch's Sons Hyattsville, Md. DATE MAR 2 7 '62

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03679 CERTIFICATE OF DEATH Reg. Dist. NO3674 al director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Jumphilution: Residence before admission) a COUNTY COMMITY MARYLAND funeral c LENGTH OF STAY IN 15 ھ CITY OR TOWN (If outs de carporate limits, write CITY OR TOWN IN pulside carporate limits, write RURAL and give nearest Jown) RURAL and give neasest tavin) shauld ainie d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRES e IS RESIDENCE 24 YES NO Ē NAME OF 4. DATE First Year Month OF DEATH DECEASED requires that the death certificate be executed within 24 (Type or print) 9. AGE (In years LINDER 24 HRS . SEX COLUMN RACE 7. MARRIED NEVER MARRIED campletely last birthday) Months Days Hours DIVORCED [94 WIDOWEDT March 4. 1868 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. ond Alexandria. Va. Housewife 13. FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Edward A. Richards (Address same as offending None 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ╗ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underond lying cause last PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, farm, 20f (City or lawn) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. Hour a.m. While Nat while al wark at wark p. m. 19_22hot I last sow the deceased 21. I certify that I attended the deceased from A., from the couses ond on the date stoted above. and that death accurred at 29 RAL DIRECTOR: ADDRESS (Street, cityage tawn, state) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 22a BURIAL CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county). 22c. NAME OF CEMETERY OR CREMATORY (State) Maryland Colmar Manor FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE A'DD RESS REC'D BY REGISTRAR 15M 9/58



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMPLER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 1 2. USUAL RESIDENCE (Where decessed lived, it institution. Residence before admiss' +) e. COUNTY b. COUNTY Maryland Prince George C. CITY OR TOWN , If outs de corporele (mits, write RURAL end give nances fown) b. CITY OR TOWN of outside corporate I mils, write RURAL and give neerest town) MARYLAND Prince George's c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR NST TUTION (if not in hospital, give street a -dress) IS RESIDENCE ON A FARM? YES NO T George's General Hospital Road. Ardmore Prince 4. DATE DECEASED OF 6. CO. OR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH (Type or print) DEATH MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, et the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may FUNDER 24 HRS 9. AGE In years HE UNDER 1 YEAR lest birthdey) Months Deys Hours W DOWED DIVORCED T June 27,1882 VIS. Male 10a USJAL OCCUPATION [Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page I and done during most of working life, evan if retired) Fireman
13. FATHER'S NAME Maryland Laborer pages 14. MOTHER'S MAIDEN NAME Rebecca Thompson 1 Charles Ridgeway 16. SOCIAL SECURITY NO 17 INFORMANT Address with fo (Yes, no, or unkown) i (If yes give wer or detes of service) unknown_Lucille Ridgeway same as #2 18. CAUSE OF DEATH [Enter only one couse per line for (2,, (b), and (c'.) INTERVAL BETWEEN 's Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY-LNEARCTION MOCARDIAL IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? pase execute the certificate, writing the word thould be forwarded to the Chief Medical E NO F 2Db DESCRIBE HOW INJURY OCCURED, (Entar nature of in ury in Part I or Pert II of dem 18 2De EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. MEDICAL thould be forwarded to the Chir 2Dd. NJURY OCCURRED 2Da, PLACE OF INJURY (Homa, ferm, 2Df. (City or lowr) 20c. TIME OF INJURY Month Dev Year (County) (State) Not While factory, streat, office bldg., etc.) While Hour e.m. at work et work 21. I certify that I look charge of the remains described above, held an Autopsy X Inspection 🙀 Inquiry 🛖 and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [] DATE SIGNED 6 EXAMINER'S NAME (Type) M. D. Address (Street city, town or county) 22a, BURIAL, CREMATION, 22b, DATE THEREO VR A15ME MAP 1 9 '62 5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03677

	i. PLACE OF DEATH o COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased tived If institution: Residence before admission) o. STATE Maryland b. COUNT Prince Georges								
)	b CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) W. Hyattsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) W. Hyattsville								
Ą	d. NAME OF HOSPITAL (If not in hospital, give street address) 6500 Red Top Road	d. STREET ADDRESS 6508 Red Top Road o. 15 RESIDENCE ON A FARM? YES \(\subseteq \text{ NO } \text{ AS FARM?} \)								
	3. NAME OF First Middle DECEASED (Type or print) Luis	Rivera 4. DATE Month Doy Yeor OFATH March 18. 1962								
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B DATE OF BIRTH 9/30/1892 9. AGE (In years lif UNDER YEAR IF UNDER 24 HRS. Months Doys Hours Min								
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired State Dep tU.S.Gov't.	ISTRY 11. BIRTHPLACE (State or foreign country) Mexico 12.CITIZEN OF WHAT COUNTRY? U.S.A.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Manuel Rivera	Nariana Rosas								
10	Very major unknown) . If we also was at date of second	r. Robert Gray W. Hyattsville, Md.								
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
		MROMESIS - MYOCORNIC MINUTO								
	420 DUE TO	A PARCION ASAUL								
	Conditions, if any, which gave rise to immediate (b) ACTICIOSCLE	KOTIC CARDIOVASCY CARD PARKY								
	couse (a), stoting the <u>under-lying couse last.</u> DUE TO (c)									
Ċ	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum NO \(\sum \)									
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 18)								
		LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)								
	21 I certify that (I) (this haspital) attended the deceased frame	126 X 1962 to MAL 18, 1962 that (1) (we) last								
	saw the deceased alive an MAR 16 1962 and that	death accurred and AM, from the causes and an the date stated above.								
	Perce a ficel was	M.D ATTENDING MED STAFF SIGNED PHYS								
1	PAUL A. DEVORE	301 HMIKTON ST HYATSville, Hd								
	230. BURIAL, CREMATION, 23b. DATE THERFOF 23c NAME OF CEMETERY (
	burial" 3/21/62 Christian									
2	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash. The S. H. Hines Co 2901 Bith St. N									



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03693 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyad, if institutions Residence before admission) a. COUNTY **b.** COUNTY Prince George's MARYLAND Marvland Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Landover Hills Chever ly davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 7112 Allison Street Prince George's General Hospital YES NO -3. NAME OF DATE Month Day Year DECEASED (Type or print) DEATH (no 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Female White WIDOWED X 65 DIVORCED 10-20-1896 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [County & State, or loreign country] 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Housewife North Carolina U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert E. Rutledge Margaret A. Causey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT [Yes, no, or unkown) | (If yes give wer or detes of service) Clifton E. Causey no Same as #2 (Brother) 18. CAUSE OF DEATH [Enter only one carte per line for (e), (h), and (c), INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (e. nteriosclerotic HEART geve rise to immediate cause DUE TO (e), steting the underlying causa last. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,61, 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a, ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work n.m. and that death occured a 505 M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING SIGNEDI DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town 23e. BURIAL, CREMATION. Ft. Lincoln Colmar Manor, Md. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** [4] a my S. Trans Francis Gasch's Sons Hyattsville, Md. DATE

RYLAND STATE DEPARTMENT OF HEALTH



1 1.7	MARYLAND STATE DEPARTMENT OF HEALTH	TA MARWIAND
• 4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI CERTIFICATE OF DEATH	03679
	1. PLACE OF DEATH 2, USUAL RESIDENCE (Where decessed lived, if in	stitution: Residence before edmission)
	FRINCE MEDRUE MARYLAND STATE MARYLAND PRINCE	E GRIDGE
(L	b. CITY OR TOWN (1 outs de corporete imits, c. LENGTH OF STAY IN 1b c. LITY OR TOWN (If outside corporete l.m.ls, write it white RURAL and give nearess lown)	RURAL end & ve neerest town,
1	NAME OF HOSPITAL OR INSTITUTION (1 not in hospital, give street address, d STREET ADDRESS	K (a. IS RESIDENCE
M	LAURER SANITARIUM 4801 CARVERT S	TREE TYES NON IN
	3. NAME OF DECEASED First Middle Last 4. DATE Month OF OF OF OF OTHER OF DEATH	Dey Year
	5. SEX 6. COLOR OR RACE T MADDIED NEVER MADDIED B. DATE OF BRTH 9. AGE (In yours II	FUNDER 1 YEAR I IF UNDER 24 HRS.
		Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12. C TIZEN OF WHAT COUNTRY?
	13. FATHER'S MAME	- N. 2.71
T	ALONZA VARCY KATE V. TRY	CF _
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyes give were redetes of service)	Samo
	18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).	INTERVAL PETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Cenelrul Liver mychail (331)	Aw
	DS 1 X DUE TO CALL DE LA TENER TO DESCRIPTION TO DE	- Bills
	conditions, if env, which give rise to immediate cause of DUE TO	10 tones
	ceuse lest. (c)	
ž	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVES	PERFORMED?
	2De ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Pert Lor Pe	
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. NIURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2Df. (City or town)	(County) (Stets)
	Hour s.m. While Not While factory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from June	O, 19.6. that (I) (we) last
	saw the deceased alive on MARAZO1902 and that death occurred at 5	nd on the date stated above. 22b. DATE
	In the P. YULLUMN ATTENDING MED DIRECTOR PHYS. DIRECTOR PHYS.	3-20-62
1	22c. PHYSICIAN'S NAME (Type) FINITA PKD 4FMED PLINES SAMITA OLIGI	Phunes Mid
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CAMMADERY [23d. LOCATION [City, town	n or county) (State)
0	Burial 3/22/62 Epithany Episcopal Cemetery Forestv	
To	To the stands had	STRAR'S SIGNATURE
A.	17. Klaschs sona Hydramica, 1va 10ATE MAR 27:62	A / MARK



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EXAM: ER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, If institution: Residence before edimission) a. COUNTY a STATE Maryland MARYLAND rince George's nce George s. TOWN (if ours, de conforata | mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] write RURAL and give nearest town) Suitland Suitland d. NAME OF HOSP, TAL OR INSTITUTION (Finot in hospital give street address? d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5643 Shadyside Avenue 5643 Shadyside YES NO TO Avenue 3 NAME OF 4. DATE Midd a Month DECEASED OF (Typa or prin!) DEATH CHESTER ROSS RYON March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) | Months | Days FME WIDOWED Y DIVORCED 25 Male eb. 1902 yrs 60 8. Give Pages 1, Z, form PM3. Page 5 JSUAL OCCUPATION IG ve kind of work 106 KIND OF BUSINESS OR NOUSTRY 11 B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if ratirad) event Sightseeing Sightseeing-Hacker Washington, D.C. USA ROSS WILLIAM HARRIET SUMMERS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Addrew 3422 Rutgers (Yas, no. or unkown) ((Ifyasgivawarordatasofsarvica) Wilh Yes 579-16-4701 Roger William Conway, Jr. University 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUF TO Conditions, if any, "pending" i xaminer's C used as a b gave rise to immediate causa DUE TO (a), stating the underlying (c) PART I. OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itana 18) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY [Home, farm, 20d INJURY OCCURRED 206. Month, Day, Year 20f. (City or town) (County) (State) fectogy, streat, office bldg., etc.) While Not While 19 Z al work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 💢 , Inquiry X and in my opinion should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes Accident Suicide 💢 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3/14/62 EXAMINER'S NAME (Type) DEPL JAMES BOYD Address (Street, city, town, or county) 22 NAME OF CEMETERY OF CREMATORY 228 BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) VR A15ME 5M 1/62



FOR STATE EALTH DEPT.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE WARYLAND 03686 MEDICAL EXAMINER'S CENTIFICATE OF DEATH 03681 Tems 220 & d. 1 phone call from function Residence before it will be country and the country of the countr
M) Fig. Pa	Prince George's MARYLAND b CITY OR TOWN (f outs de corporate .m's, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 c. CTY OR TOWN (If outs de corporate limits write RURAL end give nearest town)
at direct for you Departi	Fort Foote Transient Congress Heights d NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta., give s real address) d STREET ADDRESS d STREET ADDRESS
etained etained e State irs after	Webster's Boat Yard NAME OF DECEASED Webster's Boat Yard NAME OF DECEASED Webster's Boat Yard NAME OF DECEASED
ma w. 72 hou	SEX Color or race 7, Married Never Marrie
s 1, 2, a sage 5 in within	OB. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
PM3. Pages Pages Pages In PM3. Pages In PM3. Pages In Pag	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ten 18. G with form with form permit. Fil , and in a	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (Hysesqua war or delass of services) Yes 56-57 57-52-8537 Michele Kathleen Sandy, same as # 2
e along e along l-transit removal	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia
ing" in parts Office standard	Condition; if any, which gave rise to immediata cause (a), stating the undarlying DUE TO
refulcation of the committee of the comm	causa lasi. (c)
TEK: This of the work of Medical S should for to build	PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE COND.T. ON GIVEN IN PART 1, e) 19, WAS AUTOPS PERFORMED? PERFORMED? 2Db. EXTERNAL CAJSE WAS PRIMARY [Abor Contributing] CAUSE OF DEATH. Fell from a boat into the river
A A Million of writing the Chie	Pell Irom a boat into the river 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home farm, 2Df. (City or town) (County) (State) Hour s.m. Whila Not While fectory, street, office bldg., etc.) 10.555ex 3/24/19 62et work at work representations at work representations.
Certifical ded to ECTOI nated ag	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner
Y MED.	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER DATE SIGNED
FEUTE Se executed by FUNER balth of	DEPUTY MEDICAL EXAMINER TO 3/24/62 Address (Streat, c.ty. town, or county) 228 BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATIONY 25 BURIAL, CREMATION, (City. town, or county) (State)
Q.±	REMOVAL (Spacify) BURIAL 3/28-1962 WASHINGTHON (NOVAL SUTTIBATION P) 13. FUNERA DEFECTOR 240 REC'D BY REG STRAR 2 246, REGISTRAR'S SIGNATURE
VIII A15ME 5M 1/62	WWCHAMBERS CO SIZ-11 St SEWASH DYBAIRMAR 2 9 '62 and 8. Kinus

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEBTH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b.** COUNTY Prince Georges b. CITY OR TOWN III outs de comporat I may c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give namest lown, Riverdale #U/Leurel d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give street endress d STREET ADDRESS e. 15 RESIDENCE ON A FARM? Leland Memorial Street YES NO SE 3. NAME OF 4. DATE Month Year DECEASED OF (Type or print) DEATH SAFFELL SEALOCK March 9 1962 AGE Jin years IF UNDER 1 YEAR, IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH lest birthday) | Months Days Hours | Min. WIDOWED [* D YORCED June 29 10a. USUAL OCCUPATION (G ve kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ,S #10 or fore an country) 12 CTIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Boiler Tender Mineral Pigments Virginia U.S.A. 14. MOTHER'S MAIDEN NAME Sealock Martha Kearns Dorsey 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17 INFORMANT Address 223-24-2872 Mrs. Stella M. Sealock, Laurel, Maryland 18. CAUSE OF DEATH [En ar only one cause per line for ie], (b,, end (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Hemorrhage and Shock Gunshot wound in the head Conditions, if any, which gava rise to immad ale causa DUE TO (e), stetling the underlying (c) PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 16- 19, WAS AUTORSY CERTIFICATION PERFORMED? NO T 2Db DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. Shot self through head 20c. TIME OF INJURY Month, Day Year | 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm. 2Df. (City or lown) (County) (State) While factory, street, office bldg., etc.) Not While 19 62 et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion death resulted from Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE hould be DEPUTY MEDICAL EXAMINER 3/9/62. NAME (Type) Address (Street, city, town, or county) REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME



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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Hour a.m.	
	2b. DATE SIGNED
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Ó		OR INSTITUTION	TAL (If not in hospital, gi red Heart H		s)	d. STREET ADDRESS	Road,			ON A FARM
	3.	NAME OF DECEASED	Firs		Middle	Last	4. DATE OF	Mor	ith Do	y Yeor
	-	(Type or print)	Eliza		A	Shea	DEATH	March	2	1962
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<u> </u>	FICATION				···				EN IN PART 1(0)	PERFORMED YES NO
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	MEDICA	20c, TIME OF INJUR Hour g. m. p. m.	Y Month, Day, Year	While N	OCCURRED 20e. PL	ACE OF INJURY IHome, for clary, street, affice bldg., e	m, 20f (City (City)	or town)	(County)	(St
		21. I certify the	nat Vallended the	deceased 10	and that death	occurred at	DM from	14, 19	that I last so	
		ACTUAL SIGNATURE	Solver	107	tack	M.D. 3571		eot, gity by town		SATE S
1	L	PHYSICFAN'S NAME (Type)				/				
	220	BURIAL CREMATIC REMOVAL (Specify)	3-6-62		NAME OF GEMETERY O	Entley		ON Wity, lown,	os county)	206
	23.	Francis ?	1 1 - 11 0	1821-14	of Shu. W.	bad N. C DATE &	D BY REGISTR		STRAR'S SIGNATUR	E



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, if institution; Residence before edmission) e. COUNTYb. COUNTY by the and 2 seed death. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta lim Is, write RURAL and give neerest town) tb. CITY OR TOWN (if outside corporate limits, þ write RURACend give nearest fown) e. IS RESIDENCE d/NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straek eddrass) d. STREET ADDRESS ON A FARM? DECEASED (Type or print) AGE (In years | IF UNDER ! YEAR IF UNDER 24 HRS 5. SEX last birthday] 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working infameven if retired) 13. FATHER'S NAMI 큡 ARMED FORCES? + 16. SOCIAL SECURITY NO signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO gava risa to immediata causa DUE TO (e), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO Se 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IJF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stala) 20c. TIME OF INJURY Month, Day, Year factory, straat, office bldg., atc.) Hour s.m. et work et wark 21. I certify that (i) (this hospital) attended the deceased from Manh 15 ..., 196.4 to March 21., 196.3 that (i) (we) last 19.6.2., and that death occured at 200M, from the causes and on the date stated above. 22a, SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR.AL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) March 24, 1962 Walker Chapel Cem. <u>Arlington, Virginia</u> 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 2847 Wilson Blvd., Arlingon, VanaR 15M 9/60



1		DIVISION OF STATISTICAL	ARYLAND STATE D	EFARTMENT OF HEALTH	ALTHADE 1 MARYLAND
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the funeral 1 2 should	M	1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where decease a. State Maryland	d lived, if institution: Residence before edmission) b. COUNTY Prince George's
by #		b. CITY OR TOWN (it outs de corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete X Baden	limits, write RURAL and give nearest town)
led in	77	Chever Ly d. NAME OF HOSPITAL OR INSTITUTION (IF no	31 days	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
d W.		Prince George's Gene	eral Hospital	P.O. Baden	YES NO
recule Pet		DECEASED (Type or print) Thomas	E.	Simms OF DEATH	Warch 30 1962
hd co		16-1 (6-1	The same of the sa	DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. buthday) Months Days Hours Min.
cate ian ai ve ca		10a. USUAL OCCUPATION (Give kind of work	100-WED DIVORCED /	Y 11. BIRTHPLACE (County & State, or foreign	in country) 12 CITIZEN OF WHAT COUNTRY?
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atten Then		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) [lifyes give wer or dates of service	(0)		Address Md
ian.		18. CAUSE OF DEATH Enter only one cau	se per line for (e), (b), end (c).]	sephine Dimms	Orandy Wine, /Y/a. INTERVAL BETWEEN I ONSET AND DEATH
physic physic igned b		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	Congestive Heart 1	failure	days
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A Dec					30 , 19 62, that (I) (we) last
OR A		saw the deceased alive on	7	A aMa	causes and on the date stated above,
LAL I		22c. PHYSICIAN'S	agmay "	Balling Committee Committe	YS. 12 3/30/6
OSPIT Pag JNER Por, p			. Clayman	6311 Baltimore Ave	
C E		236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE	23c, NAME OF CEMETERY	Waldo	r (Chr. County Md
VR A15 (4) ISM 7/61		. Josigo & Kolson	aguasia mal	DATE 3/3//62	PR 6 '62 Cirthur S. Hearn
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RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, il institution Residence before edmission) a. COUNTY 6. COUNTY Prince Georges County aryland MARYLAND Prince Georges b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (II outside corporete limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL and give nearest town) ⊆ ٣~ Laurel Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE BONDMI ON A FARM? YES NO I Prince Georges General Hospital 3. NAME OF DATE Month DECEASED OF (Type or print) TLLLMAN Smith Larry DEATH 6 COLOR OR RACE 7, MARRIED X NEVER MARRIED AGE (In years | IF UNDER I YEAR last buthday] Months Days White WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yas, no, or unkown) | (Il yes give wer or dates of sarvice) 16. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema days IMMEDIATE CAUSE (+) DUE TO Uremia 7 days Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying Acute Glomerulonephritis PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Polyostotic Fibrous Dysplasia of Bone NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) Month, Day, Year factory, street, offica bldg., atc. While _Not While Hour e.m. et work at work 3.31 - 19.62, and that death occurred at 4:00, Panil the causes and on the date stated above. 22a 51GNATU SIGNED. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAI John R. 23c. NAME OF CEMETERY OR CREMATORY. EADOWRIDER 25a. REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE VR A15 (4) Chilun S. Thomas 15M 7/61

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 03694 director, filed with Poge PLACE OF DEATH

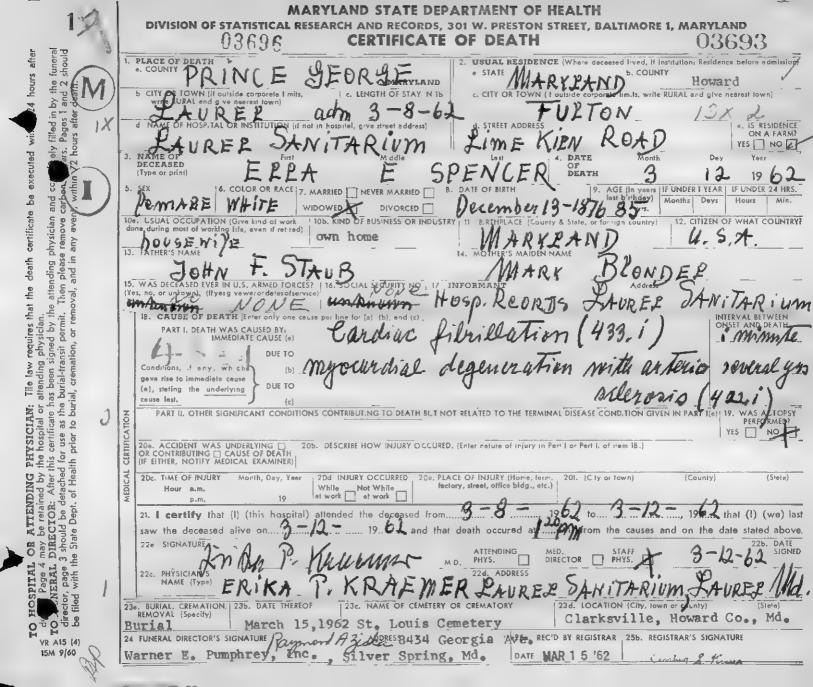
o. COUNTY

Prince George's 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Prince George's Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest lown) 11 Days Mitchallsville Chever ly d. NAME OF HOSPITAL (If not in hospital, give street address)
OR NSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? 22 Enterprise Road YES | NO V Prince George's General oud. NAME OF DECEASED 4. DATE Middle Manth Yeor Day DEATH (Type or print) 1962 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Dovs 63 White DIVORCED [July 1, 1898 Male WIDOWED I 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT INTERVAL BETWEEN CAUSE OF DEATH (finter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (d) by DUE TO 100 du 00 5/5 Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GRATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116 19. WAS AUTOPS PERFORMED? 07 150 10 10 17 16 YES 🔲 NO 🔃 LOOS SHABORSE 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 ar Port 11 of item 18.) 20e PLACE OF INJURY (Hame, farm, 20f, (City or lown) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) (State) foctory, street, office bldg, etc.) Hour a. m Wh le Not white at work of work p. m. 21 I certify that (I) (this haspital) attended the deceased from. 1952s2, that (1) (we) last 1962 and that death accurred at M, from the causes and an the date stated above saw the deceased alive an... 22b DATE 22º SIGNATURE M D. PHYS SIGNED MED DIRECTOR HE TOWN 22c PHYSICIAN'S NAME (Typh) 23b. DATE THEREOF 13d LOCATION (C by town, or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURES FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR DATE MAH Z & '62 - - - , all , of should 15M 9/59 luc



STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before a in ission) a. COUNTY actor. Po-files. b. COUNTY Prince George's MARYLAND Prince George's b CITY OR TOWN (if outside corpora a lim 's C. LENGTH OF STAY IN 16 c. CITY OR TOWN If ourside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Cheverly DOA Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to , give street additions d STREET ADDRESS a IS RESIDENCE ON A FARM? George 's General Hospital Varnum St. YES NO 🟋 3. NAME OF 4. DATE Month DECEASED OF (Type or print) JAMES RUDOLH DEATH WILLIAM March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 19. AGE I'M YOUR IF UNDER 1 YEAR, IF UNDER 24 HRS. last b'rthday) Months, Deys | Hours Male WIDOWED T DIVORCED after , 2, al Dec 10a. USUAL OCCUPATION (Give xind of work 106. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired *Prop. U.S. Gov't. New York USA I 14. MOTHER'S MAIDEN NAME E 10 OSCAR G.E. SPAHR GUARTZ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) [[fyesgive war ordalas of sarvica.] and No Mildred H. Spahr Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] INTERVAL BETWEEN Office along ONSET AND DEATH PART I, DEATH WAS CAUSED BY: heart failure Acute congestive IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Cardiovascular renal disease gava rise to immediate cause DUE TO (a), stating the undarlying pesn PART II, OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes for last four years NO 50 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home farm, 20f. (City or town) (County) (5 ate) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [X]. Inquiry X and in my opinion death resulted from-Natural causes 🕱 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S JAMES NAME (Typa) Address (Street, city, town, or county) 22c. NAME OF GEMETE OF CREMATORY A 0







VR A15 (4) ISM 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03694

1	1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ss on)
ı		a. STATE b. COUNTY
	b. CITY OR TOWN (if ourside corporate limits, c. LENGTH OF STAY IN 16	fayrland Prince Leonges c. City OR TOWN (If outside corporate limits, write RURAL and give neerest town)
1	write RURAL and give nearest town)	c. Clif Ok (OWN (if buiside corporate timits, write KUKAL and give nearest town)
4	Cheverly 18 Days	t. Ranier 2
1	d. NAME OF HOSPITAL OR INSTITUTION (st not in hospital, give street eddress)	d. STREET ADDRESS 0. 15 RESIDENCE
	Since Comment Termital	ILON8 - 37st. AVE. YES NO KI
1	Trince Ceorges General Tospital Middle	14008 - 31st. Ave. YES NO Month Day Yeer
	DECEASED	OF
1	(Type or print) l'aggie N. Sta	ansbury PEATH Warch 11 1962
П	5. SEX 6. COLOR OK RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Ч		lest birthdey) Months Deys Hours Min.
	10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTR	NI O O TOLO
	done during most of working life, even if retired)	
	Housewife own home	Virginia
J	13. FATHER 5 NAME	14. MOTHER'S MAIDEN NAME
	James E Withers	Priscella A Jerman
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	
1	[Yes no or unknown] [Hivergovergedeterefermine]	rma S Williams Mt Rainier Md.
1		
1	16 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carcus	O Tualostor ONSET AND DEATH S
ı	17 S DUE TO 12 A	
1	I all a state of the state of t	Carc. 6 the O Var 6 months
-	Conditions, if any, which geve rise to immediate cause	carc. for a cold of a months
	(e), stating the underlying DUE TO	41.
	cause lest. (c) feart faction	Chime_ (well-
	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
-,,	Ener alred	Africano Solleso su YES X NO 1
	E 200 ACCIDENT WAS UNDERLYING 1 200 DESCRIBE HOW JULY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH	(colds uprate of taleta to fact to fact the tradition)
	9	CE OF INJURY (Home, ferm, * 20f. (City or town) (County) (Slete) ory, street, office bldg., etc.);
1	Hour e.m. While Not While teck	sy, siled, diffice bidgi, 416.)
		0.00 40.60 4.20 40.60 4.40 6.41
		2_22 19.62 to3_11 19.62 that (I) (we) last
	saw the deceased alive on	death occured at 0.2 1/5 from the causes and on the date stated above.
	220 SIGNATORE	ATTENDING MED, STAFF SIGNED
	of med theretake,	Divine To an increase the public
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Toon D. Torritoler	31:08 Phodo Tolland Area Mr. Date 1
	Dr. Leon R. Levitsky 230. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY C	B408 Rhode Island Ave., Mt. Rainier, Md.
	MEAN CONTAIL 16 (1810)	
	Mar. 15, 1962 Congressiona	al Cemetery Washington D C
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Mo	1. DATE MAR 15'62 \ Chilling & Floure
		THE POWER



ARYLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (3699 CERTIFICATE OF DEATH
4 hours after by the funeral and 2 should death.	M	1. PLACE OF DEATH a. COUNTY Trince Corges MARYLAND OCITY OR TOWN (If outside corporate limits, write RURAL and give Rearest town) with RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give Rearest town)
an and completely filled in ye can papers. Pages 1	7	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) A. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Last A. DATE OF DECEASED (Type or print) Harry B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF JNDER 24 HRS. Last Widole 106. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stale, or foreign country) 12 CITIZEN OF WHAT COUNTRY.
w requires that the death certifing physician. I signed by the attending physic transit permit. Then please remonation, or removal, and in any e	-	done during most of working tie, every, i retired) Inspector the Heavest of Heavest of Heavest Nathington, D.C., M.S. 13 FAHRY'S NAME Thomas Harry Sturgis Maude M: Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES N 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unbown) (Hyes a very ordises of grave) HIS CAUSE OF DEATH [Enter only one cause per line for a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO To the security of the cause per line for a) (b), and (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The cause of the cause per line for a) (c) The caus
G PHYSICIAN: The laby the hospital or attending this certificate has been hed for use as the burial: tealth prior to burial, oren	٥	Conditions, f any, which gave rise to immediate cause (a), stating the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d, INJURY OCCURRED (20c. PLACE OF INJURY (Home, farm, 20f. (City or fown)) (County) (State)
death. Page 4 may be retained I FUNERAL DIRECTOR: Aftereror, page 3 should be detacled with the State Dept. of the	1	Hour a.m. 19 While at work States States States 21. certify that (I) (this hospital) attended the deceased from 5.7. 7.1
VR A/5 (4) 15M 7,61		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS THA Rainitz 25a. REC'D BY REGISTRAR'S SIGNATURE Malleys Frencial Home, maryland DATMAR 1 2'62 Colons S. Trans





1		MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TOR STATE		03701 MEDICAL EXAMINA'S CERTIFICATE OF DEATH 03698
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission)
20.0		. COUNTY
Pa illes	_	Prince George 18 MARYLAND Maryland Prince George 18 CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporate i m 1s, write RURAL and give resersat lown)
in the second		write RURAL and give neerest town)
S a S a s		Cheverly D.O.A. Glen Arden Heights I. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) J. S. RESIDENCE
15 de 5 d d		ON A FARM?
ned ate	Ţ	Prince George's General Hospital 1505 3rd Street
any ne fu star a Si rrs a	1	NAME OF First Middle Last 4, DATE Month Day Year DECEASED OF
F to the state of		Type or profit Veda Clara Swann DEATH March 10 162
3 to 2 3 di	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
and Air	F	'emale Colored W.DOWED Divorced Dec. 8, 1885 76 yrs.
aft 2,2, and will		JSUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Pag Pag ss 1		House wife Own Home District of Columbia U. S. A.
Pag A3.	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
n 2 live le p le p		Hans Bowdwin Annie
F S S S S S S S S S S S S S S S S S S S		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address
and in the		none William Henry Swann, same as # 2
the life	î	18. CAUSE OF DEATH [Enter only one cause per line for [e], (bl. and (c)) INTERVAL BETWEEN ONSET AND DEATH
long long ans.		PART I. DEATH WAS CAUSED BY: Acute congestive heart failure
ence a sel-tr		ADDUE TO
in postilization of the postil		Conditions, if eny, which (b) Cardiovascular renal disease
sho 's C ion		geve rise to immediate cause
ndir iner d as		cause last.
Triffic Cam Cre Cre	z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19. WAS AUTOPSY
Page 2	CERTIFICATION	PERFORMED? YES NO TO
This die w	E)	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Perl I or Perl II of item 18.)
Shoot Shoot	TERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
iting hief be 3 prio	ICAL	20s. T.ME OF INJURY Month, Day, Year (20d. IN.JRY OCCURRED 20e PLACE OF INJURY (Home, ferm 20f. (City or town) (State)
Wri Wri Pag nt, 1	MEDIC	Hour e.m. While Not While fectory, street, office bldg., etc.)
EX ale, the	×	p,m. 19 at work at work
THE PERSON		
cer cer ride XEC		A STATE OF THE STA
ED TWE		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
A Starte of the		SIGNATURE
The second		EXAMINER'S March 10,1962
Se exponded Front Public Publi	22	NAME (Type) / James I. Boyd Address (Street, c'ty, town, or country) BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CEMATORY 22d, TOCATION (City, town, or country) (Stete,
Health Health	120	REMOVAL (Specify) AA
H H	2.5	FUNERAL DIRECTOR ADDRESS TOLINDING C-ENT- 1 GCO CO ADDRESS STORY 240 RECIDENT REGISTRAR'S SIGNATURE
VR A15ME	1	VIII: Sound FOIL-OST NEDA
5M 1/62	_V	VILLIAM OFANGLER DAT 8 31 IVF UCDATE MAR 12 62 Chilling & thomas
-0		* '



, 1	MARYLAND STATE DEPARTMENT OF HEALTH
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	03702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02000
TEALTH DEPT	1. PLACE OF DEATH [2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
ES TM	OCCUPITY
	b CTY OR TOWN, if outside corporate limits or LENGTH OF STAY IN Ib c CITY OR TOWN (I outside corporate limits write RURAL and give negrest town)
nec our our our ritm	write RURAL end give nearest lown)
directly of y	Cheverly d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d STREET PROCES () IS RESIDENCE
Per De	ON A FARM?
Stat Stat	3 NAME OF First Middle Last 4 DATE Month Day Year
the the our	DECEASED (Type or print) OF DEATH OF 19 00
3 to 2 m	5. SEX 6. COLOR OF RACE 7. MARRIED B DATE OF BIRTH 9. AGE (In years FUNDER 24 HRS last birthday) 1. Sex
and and 22 v	WIDOWED DIVORCED DIVORCED MONINS DAYS HOURS MIN,
are 5.2 mind with with	10e. USDAL OCCUPATION (Give Lind of work Db. KIND OF SUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
Pag 1 s	
Page 4.3.	House wife At Home Penna U.S.A
and and	
for for	Thomas Cooms 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO BY. INFORMANY Bender (Yes, no, or unkown) (Hyesgivewarordejesofservice) Hyattsville, Md.
ed verm	No CAUSE OF DEATH [Enter only one cause per line for tel, (b), and (c/,)
in list in list in list in list set p	ONSET AND DEATH
alou alou tran	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18 Pulmon ary embolism
Id by per rial-	7 6 3 0 DUE TO
bu of in	Conditions, if any, which (b) Fracture of right hip
ding ding ner's as a nafic	(a), stelling the underlying DUETO
rf.ca pen amir sed cren	cause leat. (c)
at Berg	PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Item 18.) PRIMARY TO OCCURRED THE TOTAL CAUSE WAS 12DB. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Item 18.)
Woo World	YES NO 32 2Db. EXTERNAL CAUSE WAS 2Db. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)
Me Me Sho	2Ds. EXTERNAL CAUSE WAS 2Db. DESCRISE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) EX PRIMARY TO CONTRIBUTING 10 CAUSE OF DEATH 10 Part II or Part
iting the state of	A THE OF INITIAL Month Day Year 20th INITIAL POPULATION OF DEATH OF THE CONTROL O
A Pag	Hour a.m. While Not While I (rectory, street, onice olog., etc.)
EX ale, ale, ale, ale, ale, ale, ale, ale,	p.m. 3/4/68 el work al work
TATE OF THE PROPERTY OF THE PR	death resulted from: Natural causes . Accident . Suicide . Hom.cide . Undetermined manner
DIC ard ard Reigna	CHIEF MEDICAL EXAMINER
ME des	ACTUAL DATE SIGNED
RAI Lits	SIGNATURE
NE NE	EXAMINER'S NAME (Type) JAMES I. BOYD, M.D. Address (Street city lown or county) 3/26/62
DE Salit	22e, BURIAL, CREMATION 22 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta)
5 5 ±	Burial 3/30/62 St. Patricks Clyphant (Penna
VR ATEME	23. FUNERAL DIRECTOR ADDRYM RADING 240 REC'D BY REDISTRAR 246. REG STRAR'S SIGNATURE MAR 3 0 '62 Chilling & France
5m 1/62	Maleys Frencial Home, maryland DATE MAR 3 0 62 and S. Krons
	Inc.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Whate deceased livad, If institutions Resid nee before a imission) . PLACE OF BEATH b. COUNTY albot a. COUNTY Prince George! Maryland MERVIAND b CITY OR TOWN (if outside corporate I m ts, & LENGTH OF STAY IN 16 e CTY OR TOWN (If outs da corporate I m ts, write RURAL and give nearast town) write RURAL and give nearest town) Eastern Easton Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address, d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 613 South Street 2915 Fairlawn Streetz YES NO 3. NAME OF DATE Middle DECEASED OF (Type or print) Basil Robinson DEATH Taylor March 19 62 6. COLOR OR RACE 7 MARR EN NEVER MARRIED B DATE OF BIRTH F UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR last birthday) Months, Days Sep. 29, 1899 Male WIDOWED -D VORCED [n o 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NOUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) Merchant Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norman Billieter Taylor Flora Towers 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) (Ifyesg vewarordatasofservica) No Charles Norman Tayler, Easter E A ISTRIPANT SETWEEN nould be execul " in pencil in It 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Coronary artery disease Conditions, if any, which gava risa lo immadiata causa DUE TO (a), stating the undarlying Cardiovascular renal disease causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8), 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO X 20b. DESCR BE HOW INJURY OCCURED (Enter na ure of injury in Part I of Part I of Iam IB.) 208 EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df (City or fown) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Whila Not While Hour a.m. al work at work Inquiry X. and in my opinion Natural causes Accident Sucde Homicide Undetermined manner death resulted fromshould be forwarde PUNERAL DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE March 31, 1962 DEPUTY MED CAL EXAMINER ö EXAMINER'S NAME (Typa) James I. Address Straet city town, or country) 22c. NAME OF CEMETERY OR CREMATORY 22h DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) 22a, BUR AL, CREMATION, REMOVAL (Specify) Junior Order Cemetery preston. Maryland ADDRESS 248 REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE VR A15ME Circling S. Flrance Easton, I'd. DATE APR 3 5M 1/62



1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



		03705 CERTIFICATE OF DEATH 03702
by the funera		1. PLACE OF DEATH e. COUNTY b. COUNTY b. COUNTY c. STATE MARYLAND b. CITY OR TOWN (if outside corporate I mits c. CITY OR TOWN (if outside corporate I mits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate I mits, write RURAL and give nearest lown)
rely filled in Jers. Pages 1 72 hours after	74	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO J. NAME OF DECEASED (Type or pint) Field Middie Last OPTO DEATH (N) 20 12 12 12 19 19 19 19 19 19 19 19 19 19 19 19 19
ysician and carbon work carbon ys event, within		5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) 100. JSUAL OCCUPATION (Give kind of work during most of working life, even if retired) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/County & Siele, or fare gh country) 11. BIRTHPLACE/County & Siele, or fare gh country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. INC. C. C
ne attending ph Then please r roval, and in ar	I	13. FATHER'S NAME PLIM THOMPSON 15. WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (Ifyes give wer or deles of service) RENE IN THOMPSON WALD GREAT INC.
pital or attending physician. ficate has been signed by the sa the burial-transit permit. to burial, cremation, or rem	of the state of th	INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Conditions, if eny, which geve rise to immediate cause (a), steling the underlying Couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY PERFORMED? YES NO
After this cert fached for use the Health prio		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) While Not While State 19 19 19 19 19 19 19 1
A may be retained. IL DIRECTOR: 18 3 should be de. 1 the State Dept. o		21. I certify that (!) (this hospital) attended the deceased from 1962, to 3/2
TO HOSPILE CONTRACTOR PAGE Girector, pag	1	230. BUR, AL, CREMATION, 23b. DATE THEREOF REMOVAL IS DOCUMEN STORY OF CHARGE TO STORY OF CHARGE TO STORY OF COUNTY
15M 9/60	1/3	W. W. Chembers Co Goo 517-1/26 St. S. & DATE MAR 15 '62 Chilun & thomas

MARYLAND STATE DEPARTMENT OF HEALTH



		TE OF DEATH	20703
A	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution a, STATE b. COUNTY	. Kasidente before edmission
V1 /	Prince Georges MARYLAND	P. C.	- V_
_	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL e	end give neerest town)
	Glenn Dale (rural) l month and	Washington	TIX S
- 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	Glenn Pale Hospital	5048 8th St., N.F.	YES NO D
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month OF	Day Yeer
	(Type or print) Mary	Thompson DEATH 3	22 19 62
	5. SEX 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER less birthday) Months	
	Female Negro widowed Divorced	12/14/14 47 yrs. months	Deas Lioniz with
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if relired)	RY 11. BIRTHPLACE (County & State, or toraign country) 12. C	TIZEN OF WHAT COUNTRY
	Housewife -	S. C.	U.S.A.
$\overline{}$	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ן ד	Ketto Wright	Amelia Butler Vright	
<u> </u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
	Yas, no, or unkown	Decedent	
	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).	Tycedello	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY		ONSET AND DEATH
	immediate cause (a). Cor pulmonale		QUALIOWII
	DUE TO	en loci e	2) 7770
	Conditions, if eny, which pare rise to immediate cause	carosis	24 11300
	(e), slating the underlying DUE TO		
20	cause last. (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO TUBO TO UDO AS SEMPLE SEMPL	o-cutaneous fistula; left thora	PERFORMED?
	o coplasty: diabetes mellitus: wringry 1	nfection, etilology undetermined	YES NO
	20a. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING . CAUSE OF DEATH	D. (Enter natura of intury in Part I or Part II of tem 18.)	
	IF EITHER, NOTIFY MEDICAL EXAMINER.		
		ACE OF INJURY (Homa, farm, '20f. (City or town) (Cityry, street, office bldg., atc.)	ounty) [Steta]
	Hour a.m. While Not While P.m. 19 et work at work		
	21. I certify that (I) (this hospital) attended the deceased from	2/21/19624 190 to 3/22/196	2, that (I) (we) la
	saw the deceased alive on 3/22/1962 and tha	it death occured at	the date stated above
	22a. SIGNATURE		22b. DATE
	[/ Link / NB /	M.D. PHYS. DIRECTOR THYS	3/22/62
	22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospit	- · · · -
1	NAME (Type) Moe Teiss, M.D.	Glenn Dale, Md.) CL L
1	222 NAME OF CEMETERY		inty) (Stete)
	REMOVAL (Specify) 3-26-62 Carver Memori		
0		25*, REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
N.	24 FUNERAL DIRECTOR'S AGRICATURE ADDRESS		S. Huma
11	CS. 78118111VA. 76-1 104K ST.	1/1/2 DATE MAR 2 7 '62 Liver	2 . / 3



1 >	5	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	A DVI A ND
, Tan	×	03707 CERTIFICATE OF DEATH	03704
24 hours after by the funeral and 2 should death.	(M	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GEORGES
uted () Letely filled in pers. Pages 1	¥	ANDREWS AIR FORCE BASE 1 DAY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) US AIR FORCE HOSPITAL ANDREWS 5. NAME OF DECEASED (I've or print) JEANNETTE ACRES TIERNEY DEATH MARCH	e. IS RESIDENCE ON A FARM? YES NO NO NO Year 19 10 62
exe		5. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	13
e be carb carb nt, wi		FEMALE CAUCASIAN WIDOWED DIVORCED 24 FEBRUARY 1894 68 YE.	Days Hours Min.
physician physician se remove n any eve	(T	done during most of working life, even if retired)	NITED STATES
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t the s atten Then oval,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (16. NO. or unkown) (Hypergive war or dates of service) NONE Wm. J. Tierney Sr 5501-0-St. Hill	side, Md
Y: The law requires the or attending physician, has been signed by it he burial-transit permit, urial, cremation, or remuiral,		PART I DEATH (Enter only one ceuse per line for (e., (b), end (c)) PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause (a), stelling the underlying ceuse lest, (c) PART P. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	INTERVAL BETT EEN ONSEL AND BEATH
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NDING ined by It. After the detached to of Heal		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED lactory, street, office bldg., alc.) Cou later at work at work at work Street, office bldg., alc.)	
R ATTE y be reta RECTO rould be		21. I certify that (i) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	the date stated above.
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O HOS Jerry director, be filed		238. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. EQCATION ICITY Jown or count REMOVAL (Specify) Money 21-62 Cedar Hell Sunfand	and
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	8)	uast oc	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Prince George's Maryland Prince George !s MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hyatteville Hyattsville years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitat, give street address) a. IS RESIDENCE ON A FARM? 4904 43rd YES NO 😿 Street 3. NAME OF OF DECEASED (Typa or print) JOHN DEATH GLENN March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K last birthday) Months Days Male 28 WIDOWED [DIVORCED 10b KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retirad) Short Order Cook Food Maryland USA 14. MOTHER'S MAIDEN NAME John Arthur Tippett Bessie Agnes Cook 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (Ifyes giva war or datas of servica) John Arthur Tippett, Same as No 1B. CAUSE OF DEATH [Enter only one cause per lina for (a) ,b) and (c) } INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Office **DUE TO** Gun shot wound in the chest Conditons, if any, which gava rise to immediata causa DUE TO (a), stating the underlying cause last. PART II, OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. 2) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Part II of Itam 18.) 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. Shot the chest with a 22 Cal MEDICAL I 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (State) factory, street, office bldg., etc.) at work at work X Hvattsville P.G. ome 21. I certify that I took charge of the remains described above, held an Autopsy inspection X, Inquiry Y and in my opinion Suicide X death resulted from: Natural causes Accident Homicide Undetermined manner be forward CHIEF MEDICAL EXAMINER Le execute 1 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER JAMES I. BOYI Addrass (Straat, city, town, or county) 224, BURIAL, CREMATION, 225, DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) Burial Specify 3/28/62 Washington National Suitland, Maryland ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME 5M 1/62 arthur S. Hinus Francis Gasch's Sons Hyattsville, Md.

YLAND STATE DEPARTMENT OF HEALTH



	PLACE OF DEATH					usual rest			ivad, If In		ence before a
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	b. CITY OR TOWN (write RURAL and	give nearest los		c. LENGTH OF STA	AY IN 1b	c. CITY OR TO	WN (If outside	corporate lim	ills, write i	RURAL and giv	vot fastaan ev
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1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
71		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
- mit 400)		03710 CERTIFICATE OF DEATH	03707
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Page		Southern maryland Hospital Rt. 1. Box 356	YES TO NO
를 가는 다른	3.	NAME OF FAIL Middle Last 14. DATE Month	Dev Year
plete		(Type of print) Clarence L. Lucker DEATH 3	2 1062
exe No P Inin p	5.	SEX 6. COLOR OF RACE 7. MARRIED TEVER MARRIED B DATE OF BIRTH 9. AGE (IN YOUTS IF UNDER	R1 YEAR IF UNDER 24 HRS.
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hat he mov		15-38-6687 - tannel 1, Swasser	# 2
by I re		18. CRUSE OF DEATH [Enter on y one couse per line for (a) (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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A Sold of Sold		saw the deceased alive on	the date stated above.
Star Star Star Star Star Star Star Star		220 SIGNATURE ATTENDING MED. STAFF	22b, DATE SIGNED
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V ₃ (4)	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
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¥ 1		MARYLAND STATE DEPARTMENT OF HEALTH
		O3711 CERTIFICATE OF DEATH
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the Then val,	[Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO V. INFORMANT of Address & of Kendley St. 10. Social Security NO V. INFORMANT
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NG PR by the by this ched fo Health	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)
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ENE staine staine BR: BR: c de pt. c	2	p.m. 19 et work et work 21. I certify that (I) (this hospital) attended the deceased from
ATTENDIN be retained I		saw the deceased alive on 3 9 19.62 and that death occured at 8? M, from the causes and on the date stated above.
OR P may b DIEC 3 shoul		22e. SIGNATURE 22b. DATE SIGNED
470 t		M.D. PHYS. DIRECTOR PHYS.
SPITAR Page XERAL or, page d with t		22c. PHYSICIAN'S NAME (Type) BPWARBEAL
illed illed	234	1. BUBHAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete)
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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE **b.** COUNTY Prince Georges C_a MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest lown) .= Glenn Dale (rural 27 days Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO TO Glenn Dale Hospital 3 NAME OF Midd e DECEASED OF DEATH (Type or print) Tda Turner 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 24 HRS. AGE (In years If UNDER I YEAR last birthday) Months WIDOWED | DIVORCED T Female 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 10b, KIND OF BUSINESS OR INDUSTRY 11. B RTHP, ACE (County & State, or foreign country) done during most of working life, even if retired) Md. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henerietta Cheselton James Dincee Cheselton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ([[fyes give wer or detes of service)] 5129 Fisher Rd. Betty Williamson Unknovm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Unknown IMMEDIATE CAUSE (a) Hypertensive and arterioscleratic cardiovascular our to disease with cardiac decompensation Conditions, if any, which gava rise to immediate cause DUE TO [e], stating the underlying cause last. PART I. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic pyelonephritis, epigastric mass, etiology undetermined, diabetes mellitus, gastrointestinal bleeding, etiology undetermined.

a. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURED. (Enter natural of Injury in Port Lor Part II of them 18.) NO TE 20a. ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.] While Not While Hour a.m. at work at work saw the deceased alive on. 22b. DATE 22a. SIGNATURE 5. GNED ATTENDING DIRECTOR TY PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital Moe Weiss. M.D. NAME (Type) Glenn Dale, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 236 DATE THEREOF 23a, BURIAL, CREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR , 25b. REGISTRAR'S VR ATS [4]



.1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI	E, 18
1		03713 CERTIFICATE OF DEATH	Reg. Dist. No. 03710
		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If in the COUNTY COUNTY STATE b. COL	stitutions Residency before odmission)
7		S. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, with RURA) and give febrest target.	rite RURAL and give nearest town) Washington
5 1		d. NAME OF HOSPITAL (If not in hospital, give street address) OR HESPITATION	S AVE , No D . IS RESIDENCE ON A FARM? YES NO []
	_	NAME OF DECEASED TYPE OF DEATH AND DEATH DEATH DEATH DEATH AND DEATH AND DEATH AND DEATH AND DEATH AND DEA	TREA 26 1962
	5	NALE WILDITE WIDOWED DIVORCED 1 H-12-1888 IMPOINT	ya,
	L	. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Retired Barber Ttaly	12. CITIZEN OF WHAT COUNTRY
T		Michael Vagnerini Rose Coscini	
	(Ye		Address ame as above
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which (b)	. 0
	-	cause (a), stating the <u>under-</u> DUE TO Lying cause lost (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED? YES NO X
		20b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18	
	MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While at work at work 19 at work 19 While at work 19 At work	(Caunty) (State)
		alive on 3 26-62, 19, and that death occurred at 11:15AM, from the caus	
		ACTUAL SIGNATURE ADDRESS (Street tily or to signature of 110 43 mb an	down, state) DATE SIGNE 3-26-6
1		PHYSICIAN'S John P. Clum Applicable	mf
			agton D.C.
	23.	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Colling S. Kraug

fer death. Page 4



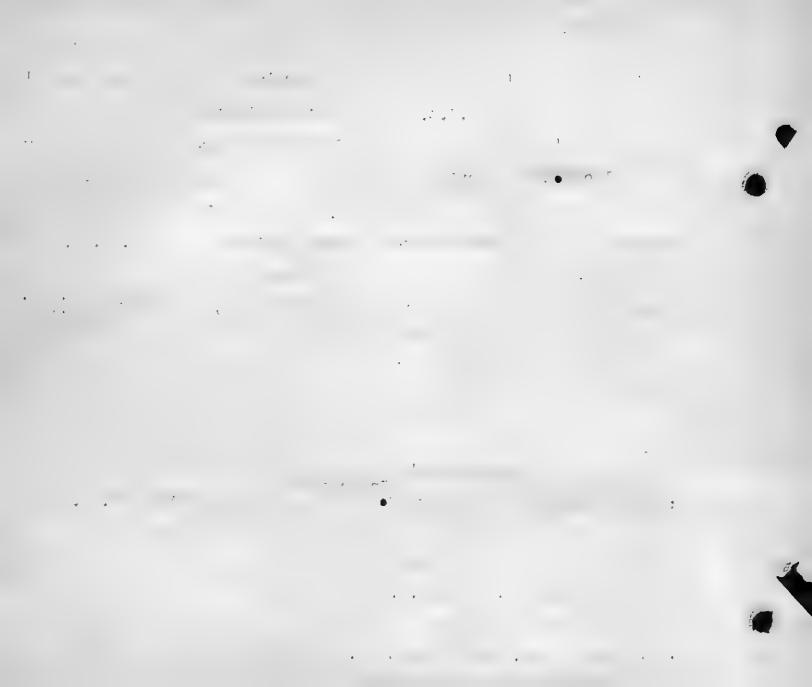
1		MARYLAND STATE DEPARTMENT OF HEALTH	
1. 3		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON 12717. CERTIFICATE OF DEATH	RE 1, MARYLAND
2		100 1 14 Item 3 Film (311 1/23/62 Th	_03711
pinous	1.	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, if instance) B. COUNTY B. STATE B. COUNTY	itution: Residance before edmission)
M		PRINCE GEORGES MARYLAND MARYLAND	PRINCE GEORGES
\$ 1 A I	1	b. CITY OR TOWN (if outside corporate limits, write RI write RURAL and give nearest town)	JRAL and give neerest town,
- 3	-	ANDREWS AIR FORCE BASE HILLCREST HEIGHTS NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g, ve street address) A STREET ADDRESS	l e. IS RESIDENCE
56			ON A FARM
	3	US AIR FORCE HOSPITAL 5916 SAINT CLAIR STREE	Day Your
		NAME OF First Moddle Henry Lest 4. DATE Month OF OF OF WALSH DEATH MARCH	29 19 62
	5.	SEX 6. COLOR OR RACE, 7 MARRIED 18 NEVER MARRIED 18. DATE OF BIRTH 9. AGE (fn yours IF	UNDER 1 YEAR IF UNDER 24 HRS.
		MALE CAUCASIAN WIDOWED DIVORCED 10 NOVEMBER 1907 54 yrs.	lonths Days Hours Min.
-		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or fore girl country) ne during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTR
1	1 4	US AIR FORCE US AIR FORCE BALTIMORE, MARYLAND	UNITED STATES
	13	FATHER S NAME 14. MOTHER'S MAIDEN NAME	
		JOSEPH WALSH JUSKAUSKAS	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s. no. or unknown (If yes give we ror detes of service)	
	1	YES 554-10-3624	I INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY SUBARACHNOID HEMORRHAGE	ONSET AND DEATH
		Institution Conductor	in IIIVO
		Conditions, if any, which (b) CEREBRAL ARTERIOSCLEROSIS	5 YEARS
		gave rise to immediate cause DUE TO	
		cause last HYPERSENSION	10_YEARS
2	, Z	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN	PERFORMED!
	CAT	B 11 (1) 40.3	AE2 X NO
	CERTIFICATION	20e. ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Pert f or Pert II of item 18.) OR CONTRIBUTING . CAUSE OF DEATH	
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, , 20f. (City or lown)	(County) (State)
	MEDICAL	Hour e.m. While Not While fectory, street, office bldg., etc.)	
	12	p.m. 17	, 1962 that (I) XXX I
		saw the deceased abve on 29 MARCH. 1962, and that death occurred at 115M, from the causes ar	
		228 SIGNATURE, OM. OA ATTENDING MED. STAFF	22b. DATE SIGN
		manuel fluitation MD PHYS. DIRECTOR PHYS. X	29 MARCH 1
1		22c. PHYSICIAN'S NAME (Type) PHYSICIAN'S NAME (Type) PHYSICIAN'S AND PELIC AT THE PHYSICIAN AND PELIC AT THE PHYSICIAN'S AND PELIC	IR EORGE BACE M
- 1	_	EMANUEL MILDER, CAPE USAF MC USAF MOSETTAL, ANDREWS AN	And the second s
	23	BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town	
	_	JUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 25. REGIS	STRAR'S SIGNATURE
	24	Comment Bros 1661- 94 Hope Rd & Z - DATE APR 2 '62 CA	Una S. France
	15	The state of the s	
		Unstre	



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, f.ns (lution Residence before ed nission) e. COUNTY b. COUNTY Prince b. CITY OR TOWN (if outside comporate I min. MARYLAND George a c. LENGTH OF STAY N 1b c. CITY OR TOWN (flouts, de corporete limits, write RURAL and give nearest town) write RURAL and give nearest fown) Cheverly D.O.A.
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Bever Heights d STREET ADDRESS e. IS RESIDENCE ON A FIRM? Prince George's General Hospital 1401 52nd Avenue YES NO 3 NAME OF DECEASED 4. DATE Month OF (Type or print) DEATH 26th.,19 Washington March 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. -- 7. MARRIED ANEVER MARRIED last birthday) Months Days Hours W DOWED -DIVORCED Male Noy 1 1909 10a USJAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) West Virginia
14. MOTHER'S MAIDEN NAME Construction Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT NO NO. 17. INFORMANT Address (Yes, no, or unkown): (If yes give war or dales of service) Beckley Flora Washington, 225 Morris Unknown. IB CAUSE OF DEATH [Enter only one cause par line for (a), [b]. ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) office of burial-t Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT A ATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 8 PERFORMED? NO 2Da. EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING Stabbed during an altercation 5 (City or town) (County) (Stata) While at work at work 2. I certify that box clarge of the remains described above, held an Autopsy | Inspection | Inquiry | and in my opinion O execute the certific could be forwarded to pure RAL DIRECTO Suic de death resulted from Natural causes Accident Homicide X. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) JAMES BOYD, M.D. Addr Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) 22a BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) ourist 23. FUNERAL DIRECTOR 24a REC'D BY REGISTRAR 1, 248. REGISTRAR'S SIGNATURE VR A15ME Chilmy S. House Riverdale, Md. 5M 1/62 W. W. CHAMBERS DATEMAR 3 0 '62

DEDARTMENT OF HEALTH



TO HOSPITA

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

O3715

CERTIFICATE OF DEATH

03713

o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bellmeade, Md	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) 7411 7411 7411	d STREET ADDRESS 7411 Allison Street,.
3 NAME OF First Middle DECEASED (Type or print) Antone A.	Wenzl 4. Date Month Day Year Of DEATH March 13, 19 62
S SEX male 6 COLOR OR RACE 7. MARRIED ENEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH May 8, 1885 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Ret. Gardner Private Homes	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Wenzl	Marie Martinek
(Yes, no, or unknown) (If yes, give war or dates of service)	Marie Wenzl Same as #2 (Wife)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	nome of rection Interval Between ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO SERED. (Enter nature of injury in Part 1 or Port II of item 18.)
The state of the s	
20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While Not while of wark 19 of wark 10 of w	PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 311.3 1962, and that	n. 950-2. 1957 to 3/13, 1962 that (1) (we) lost the death-occurred of 1.1M, from the causes and on the date stated obove.
220. SIGNATURE	ATTENDING MED STAFF 226.DATE SIGNED ATTENDING DIRECTOR PHYS 3/15/62
22c. PHYSICIAN'S NAME (Type) Dr Frederick Musser	Bellmeade, Maryland.
23d BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY Burial March 16, 1962 Cedar Hi	OR CREMATORY 23d LOCATION (City, tawn, or caunty) (State) L1 Cemetery Suitland Md
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Gasch's Sons Byattsville M	DATEMAR 1 9 '62 Chilling & Harris



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY Prince George's rince George's MERVERNIN b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL end give neerest town) director. write RURAL and give necrest town! Cheltenham Transien

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address) Transient Brandywine d. STREET ADDRESS . IS RESIDENCE ON A FARM? Road Route # In a wooded area near Groes YES NO 3. NAME OF Year DECEASED OF William West 62 (Type or print) March DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED TI NEVER MARRIED 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. (lest birthday) Dec. 22,1892 Mall e Colored Months WIDOWED [DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Retired Maryland S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel T. West Martha Pinkney IS. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Turner West, Box 129, Route Office along with Brandywine, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Exposure to cold IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which gave rise to Immediate cause DUE TO (a), stating the underlying 8 cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Arteriosclerotic Heart Disease NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Exposed to cold during snow storm. rwarded to the Chief DIRECTOR: Page 3 20d. INJURY OCCURRED 1-20e, PLACE OF INJURY (Home, form, ; 20f. (City or town) 20c. TIME OF INJURY (County) fectory, street, office bldg., etc.) Not While __¶ / at work at work Chltenham. Md. Cross Road 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 . Inspection 3 Inquiry 2. and in my opinion death resulted from: Accident TY Suicide | Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED 3/6/62 DEPUTY DEPUTY MEDICAL EXAMINER Boyd ames 1. NAME (Type) Address (Street, city town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) HELINGTON, 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME arthur S. Flence 5M 9/60

1.0%

DEPARTMENT OF HEALTH MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1.-MA OF DEATH ·Item 9 *ilm 0310 2. USURI/RESIDENCE (Where decessed lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Prince Georges e. STATE Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 10 days Hvattsville Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? PrinceGeorges General Hospital Tuckerman Street 4400 YES NO SCIN 3. NAME OF 4. DATE DECEASED (Type or print) Paul DEATH Albert Wheatlev March 31 62 19 5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 ACE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) | Months | Deys 18 August 1913 Male White WIDOWED -DIVORCED | IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS.NESS OR INDUSTRY 11 BIRTHPLACE (County & State or love gn country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired U.S. Goverment Maryland Trial Examiner U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME H. Winship Wheatley Emma Kehoe ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURTY NO. 17 INFORMANT Address Frances Jackson Wheatley Same as #2 (Wife) As. Ician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE a Myocardial Infarction secondary to occlusion of hours the right coronary artery. Conditions, if any, which (b) Coronary arteriosclerotic heart disease vears gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY Massive intestinal hemorrhage secondary to idiopathic thrombocytopenia 206. ACCIDENT WAS UNDERLYING ____ 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part t or Port if of term 18.)
OR CONTRIBUTING __ CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd, INJURY OCCURRED | 2De PLACE OF INJURY (Home, farm, 2Df., City or fown) 20c. TIME OF INJURY Month, Dev. Yeer (Stele) fectory, street, office bldg., etc.) While Not While et work et work 19. A and that death occurred and 354 from the causes and on the date stated above 22e. SIGNATURE ATTENDING PHYS. DIRECTOR | PHYS. FUNERAL 22d. ADDRES 22c PHYSICIAN S NAME (Type) Hyattsville., Md. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 236 DATE THEREOF (State) REMOVAL (Specify) 4/3/62 و مِ عَلَىٰ عَلَمْ Ft. Lincoln Colmar Manor, Md. 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arthur S. Thomas Hyattsville, Maryland Francis Gasch's Sons 15M 9/60



5 1	MARYLAND STATE DEPARTMENT OF HEALTH
2 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	USTI 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03716
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
28 84 1	o. COUNTY a. STATE b. COUNTY
Pagary Hilles.	b. CITY OR TOWN (if outside corporata I m Is,
ector. Page vour files.	write RURAL end give neerest town)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or is residence
ve lab	Prince George's General Hospital 3715 Shaphard St.
d d d d d	3 NAME OF First Middle Lest 4. DATE Month Dey Year
lf ar	OF DECEASED (Typa or point) Thomas Great White DEATH March 11 1962
death. nd 3 th may b with t	5. SEX 6. COLOR OR RACE 7 MARRED TO MAKED MA GIED TO 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR! IF JNDER 24 HRS."
and and may 2 2 will	Hale Caucasian WIDOWED DIVORCED July 25, 19611 lest birthdey Months Days Hours Min.
್ಲಿ ಬಗ್ಗಡ	TOB. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) LIKEHPLACE, Stein or foreign country) 12, CITIZEN OF WHAT COUNTRY?
hours and ages 1, 3. Pages 1 ages 1 ages 1 afthir 72	done during most of working life, even if retired none Washington D. C. U.S. A.
ve Pages 1, 2 PM3. Page pages 1 an Twithin 72	13 FATHER'S NAME 14, MOTHER'S MAIDEN NAME
I File pag	Thomas E. White Carol Ann Skuchko
d within n 18. Giv	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) (Ifyes give war or dales of service)
with 18 with 1 permit	no none Thomas E. White Same as #2 (father)
cute w w w	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH
e exect ncil in I along fransit and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extradural Hematoma hours
" in pend " in pend Office a burial-fr	903,0 DUE TO
ould in policy of the policy o	Conditions, fony, which) (b) Fractured Skull (right tempere-parietal) hours
ding"h ding"h er's as a r ren	gave rise to immediate cause [a), sleting the underlying DUE TO
ertificate I "pendin Examiner B used as	cause lost. (c) Trauma.
certificate should be executed within rd." pending" in pencil in Item 18. Gift Examiner's Office along with form be used as a burial-transit permit. File nation, or removal, and in any event	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES A NO PRIMARY IX or CONTRIBUTING WID Fulling Self up on mothers clother and fell CAJSE OF DEATH.
5 6 8 B B	₹ YES
	2De EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of I tem 18.) PRIMARY DY or CONTRIBUTING Willing self up on mothers clothe and fell
EXAMINER: ate, writing the the Chief Me R: Page 3 she rior to burial,	0.17407114 7707
AMINE writing a Chief Page 3 to burit	Hour e.m. While Not While O factory, street, office bldg., atc.]
EXA the the	
, 5 to 0	21. I certify that I took charge of the remains described above, held an Autopsy (2). Inspection (3). Inquiry (3) and in my opinion
MEDICAL for the cartific forwarded to L DIRECTC ated agent, p	death resulted from: Natural causes Accident N. Suicide Homicide . Undetermined manner .
The plant of a second of a sec	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
TY M ecute be fo RAL ignate	SIGNATURE DEPUTY MEDICAL EXAMINER
OTY Nexecuted to the formal designation of t	EXAMINER'S NAME (Type) AMES, T. 13 G.V. Address (5 root, city, town, or county) 3-12-62
should the Puner	22a, BURIAL, CREMATION, 22b. DATE THEREOF 72c. NAME OF CEMETERY OR CREMATORY 22d. TOCAT ON (City, town, or country) (State)
0 240 9	Burial March 14,1362 Mt. Olivet Cemetery Washington D. C.
per per	23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR'S SIGNATURE
VS. A15ME 5M 9 60	F. Gasch's Sers Hysttsville, Maryland DATE MAR 1 3 '62 C and Thomas



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINERS CERTIFICATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution: Rasidance before admission) **b.** COUNTY director, Pay b. CITY OR TOWN (II outside corpe 'a ill's MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest, own). write RURAL and give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION of not in hospital ig ve a reel andress, Washington STREET ADDRESS . IS RESIDENCE ON A FARM? George's General St. YES NO A Hospital Prince 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Alice Williams AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and 3 2 w 2 w 2 n 72 7. MARRIED TI NEYER MA DI las birthday] Months Days 25,1905 WIDOWED A DIYORCED [June yru | Female Colored 10a. USUAL OCCUPATION (Give kind of work 1DE KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? Page w done during most of working life, even if ratired) USA Fraternity House Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Dyer Cecelia Matthews 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyasgive war or datas of sarvica) Sylvia Henson Same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 's Office DUE TO ö Conditions, if any, which [6] gave risa to immadiata causa pending DUE TO Examiner (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY CERTIFICATION PERFORMED? NO pino 20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd INJURY OCCURRED 20s. PLACE OF INJURY (Homs, farm. 20f. (City or town 20c. TIME OF INJURY Month, Day Year (County) (State) fectory, straat, office bldg., etc.) While Not While MEDI at work al work 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry 😿 and in my opinion se execute the certific ould be forwarded to FUNERAL DIRECTO Accident Suicide Undetermined manner death resulted from: Natural causes Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER X 3/26/62 EXAMINER'S NAME (Type) JAMES BOYD Addrass (Straat, city, town, or county) THAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THER OF 22d. LOCATION (City, own, or country) (State) REMOVAL (Spacify) 9 Durent UNER AN DIRECTOR REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME arthur S. Thous 5M 1/62

	Pigision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03748
DEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if institution; Ras dance before edmission] a. COUNTY
Page lies.	a. COUNTY Prince George's Maryland a. STATE Maryland b. COUNTY Prince George's C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)
8 5 7 A	write RURAL and give nearest town)
	Camp Springs 1 year Camp Springs
2000	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
dell dell dell dell dell dell dell dell	6784 Allentown Road 6784 Allentown Raod YES NO
air Sta Sta eat	3. NAME OF First Middle Last 4. DATE Month Day Yeer OF
# # P	(Type or print) George Truman Wilson DEATH March 2 1962
作品を	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS.
er de 5 mad 5 ma 1 2 v	Male White WIDOWED DIVORCED April 17, 1958 3 yrs. Months Deys Hours Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11 BIRTHPLACE (Stelle or fareign country) 12, CITIZEN OF WHAT COUNTRY?
1, 2 1, 2 1, 2 1, 2 1, 2 1, 2	done during most of working life, even if retired)
Pages 13. Pages 1 ithin	None None Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
L Sie Par	Earl Truman Wilson Myrtle Virginia Brock TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address
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ted em with sany	No None Myrtle Virginia Wilson, same as # 2 Nitroval Between
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he v he v houl	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6 PERFORMED? YES NO PRIMARY TO OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTION
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T S S S S S S S S S S S S S S S S S S S	21 I certify that I took charge of the remains described above, he d an Autopsy Inspection . Inquiry and in my opinion
ent, Clerifica	death resulted from Natural causes, Accident 🙀 Suicide, Homicide, Undetermined manner
DIO Narc ag	CHIEF MEDICAL EXAMINER
PUTY ME execute the forward be forward. Did be forward. Did be signated	SIGNATURE MD ASS STANT MEDICAL EXAMINER DATE SIGNED
P P P P P P P P P P P P P P P P P P P	EXAMINER'S DEPUTY MEDICAL EXAMINER 3/2/62
PERUTY I seacute the following be followered. From Erral its designal	NAME (Type) Tomes T. Boyd 226. BURIAL, CREMATION, 1 225. DATE THERIOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (State)
	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (State)
G - 4 G g	BURIAL 3-3-1962 WASH NATIONAL SUIT WAND MID
VS. AISME	23. FUNERAL D REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9 60	WW CHAMBERS CO SIT-112 ST WASH3 D COATE MAR 7'62 aring S. House
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MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10700 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ():3719
HEALTH DEPT.	L NEW CONTRACTOR
essary, r. Page files. Health,	e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before adm ssion) a. STATE Maryland b. COUNTY Prince George's b. COUNTY C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, world RUBAL and give pagest town)
necessary sclor. Pag our files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Camp prings 1 veer Comp Springs
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0 0 0	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) 6784 Allentown Road 6784 Allentown Road 6784 Allentown Road
funer funer sined State I	3. NAME OF First Middle Last A DATE Month Day Year
E do p	(Type or profil) Vonon Fastela 1887
death.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 v 2 v ours	remate white whowed divorced March 30, 1960 1 yr. mount
s affe 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 1, 2, 2, 1, 2, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	TOB. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOTICE N
24 hour PM3. Pages PM3. Pages I	None None Maryland U. S. A.
7 5 5 5 T	E-27 Character 1717 - and
温い 長田 第二人	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewerordates of service)
rem 18. with for permit.	no none Myrtle Virginia Wilson some oc # 2
	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
A 10	MMEDIATE CAUSE (a) Shook
should by in per 's Office a burial-	Cond hors, fary, which) (b) Universal birns of the body
-E 70 v a 5	geve rise to immediate cause (a), stating the undarlying DUE TO
certificate si d "pending Examiner's e used as a	causa last. (c)
- 돌등요금을 ()	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I 19. WAS AUTOPSY PERFORMED? YES NO 1
R: This of the work Medical Should be all crema	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INVIEW OCCUPED / Finter nature of Injury to Part Los
- 農業を参慮 。	20a. EXTERNAL CAUSE WAS PRIMARY TWO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH. DOGUMENT OF DOUBE That burned down
writing writing Page 3	20c, TIME OF INJURY Month, Day, Year 720d, INDIRECTOR PLACE OF INJURY (Home, farm, 20f, (City or town) (State)
됐 하는 사람이 기	Z:27 p.m. 3/2 1962 at work The Home Camp Springs P. G. Md.
	21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from. Natural causes . Accidenty. Suicide . Homicide . Undetermined manner
DIC Breard BRE Breard	death resulted from. Natural causes Accidents. Suicide Homicide Undetermined manner
to o to	ACTUAL SIGNATURE J. JOYC M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
rry kecut be f be f signa	EXAMINERS DEPUTY MEDICAL EXAMINER 3/2/62
s dess	NAME (Type) James I. Boyd Address (Street, City, lown, or county) 220. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY [22d. LOCATION (City, fown, or county)] (State)
0 70 b	BURGAL SPACIFY 3-5-1962 WASH NATIONAL SUITLAND MD
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR 240. REGISTRAR'S SIGNATURE
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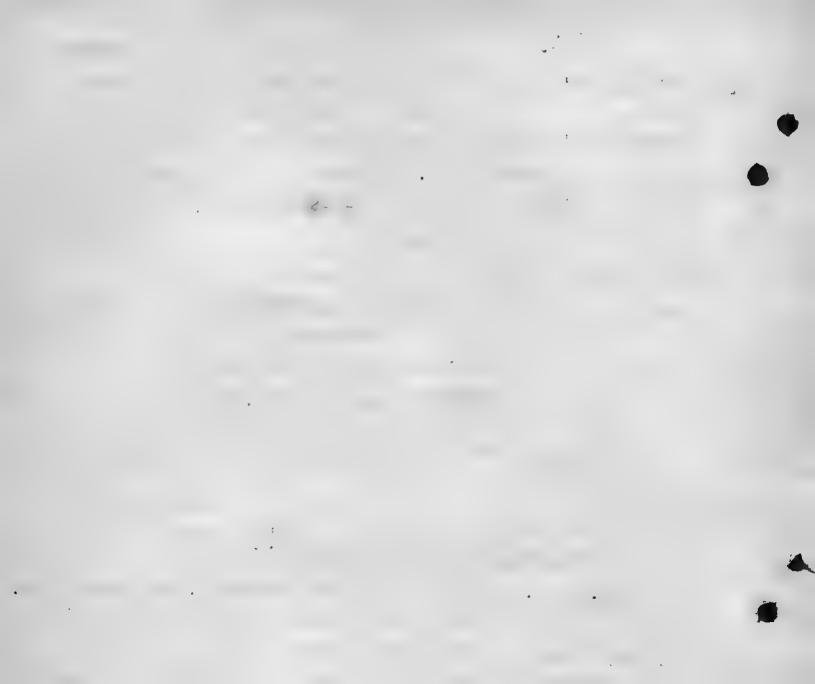
ARYLAND STATE DEPARTMENT OF HEALTH



RESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) c. LENGTH OF STAY N 16 c CITY OR TOWNLY fours de corporete limits, write RURAL and e. IS RESIDENCE ON A FARM YES NAME OF DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED (ast birthdey) WIDOWED D.YORCED I 10b. KIND OF BUSINESS OR INDUSTRY State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ng most of working life, even if retired) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per tipe for (a), [b], and (c)] ONSET AND DEATH I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO geveir se to immediate cause DUE TO PERFORMED: DESCRIBE HOW INJURY OCCURED. (Enter nature of mury in Peri. or Peril I of item 18 OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (Stelle) Month, Day, Year fectory, street, office bldg., etc.) _Not While Hour a.m. While et work et work 21. 1 certify that (1) (this hospital) attended the deceased from October....., 1962 to March 31., 1962 that (1) (we) last saw the deceased alive on lider Ch 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (Stete) 23e, BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 15M 9/60

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions has dence before edmission) I. PLACE OF DEATH e. COUNTY Prince George's Prince George's MARYLAND Marvland b. CITY OR TOWN (I outs de corporete imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Hvattsville 10 days Chever ly d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tal, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? Prince George's General Hospital 5621 Hamilton Man or Drive YES NO 3. NAME OF 4. DATE DECEASED (Type or print) Adrian DEATH Wolff March 20 19 62 6, COLOR OR RACE 7, MARR ED NEVER MARRIED 9. AGE (In years | F UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF B ** 4 last birthday) Months Hours White WIDOWED DIVORCED TDe. USUAL OCCUPATION (Give kind of work I 106, KIND OF BUSINESS OR INDUSTRY 11 Box7 Hex CE (County & Stete, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Conn. 14 MOTHER'S MAIDEN NAME attending | and EORGIANNA EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) , [Ifyesgivewerordetesofservice] oval 18. CAUSE OF DEATH [finiar only one cause per line for (a), (b., end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction. IMMED ATE CAUSE (e) DUE TO Arteriosclerotic Heart Disease. Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (e), stating the underlying Cerebral Vascular Accident. course lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of nury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 19 to 3/20 19.62 that (1) (we) last saw the deceased alive on 3-207 .19 62 , and that death occured a 31.30M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE S.GNED ATTENDING STAFF DIRECTOR PHYS. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 7206 Colesville Rd., West Hyattsville, Md. Leon L. Gallin 23c, NAME OF CEMETERY OR, CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CROWNERS 73b (State) HAL (Specify) 유하 PONERAL DIRECTOR'S SIGNA 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) O Thur S. Flines 15M 9/60



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1, MARYLAND
	03726 CERTIFICATE OF DEATH	03723
M	Prince George S MARYLAND Maryland F b. CITY OR TOWN (if outside corporate limits,	Prince George's
11	d. North Forestville d. North Forestville d. STREET ADDRESS Prince George's Gen. Hospital North Forestville d. STREET ADDRESS Addle Last A DATE OF DECRASED (Type or print) Linda Marie Wright A AGE (In year) A AGE (In year) A AGE (In year)	e. IS RESIDENCE ON A FARMY YES NO TO Onth Day Year 19 62 hars if UNDER 1 YEAR IF UNDER 24 HRS
(T	Female White widowed Divorced March 3, 1962 yn 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relived) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	s. 22 Party) 12. CITIZEN OF WHAT COUNTRY
T	(Yes, no, or unkown) (liyesgive war or dates of service) Mother Same	as above
λ	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	GIVEN NEART I(a) 19, WAS AUTOPSY
6	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Tem 18.) OR CONTRIBUTING CAUSE OF DEATH OUT OF CONTRIBUTING AUSE OF DEATH OUT OF CONTRIBUTING AUSE OF DEATH	YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, streat, office bldg., etc.) 201. (City or town) 202. I certify that (I) (this hospital) altended the deceased from 17 - 3.196-19, to. 1962., and that deeth occurred at 6.5 50 Plfrom the cause	(County) (State) 4., 1967 That (I) (we) last and on the date stated above
1	226 STONATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	Street, Landover Hi
to	REMOVAL [Specify] 3-17-62 Prince George's Gen. Hosp. Cheverly.	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institut a. COUNTY r. Page files. Prince George's Prince George Es MARYLAND Maryland al director. I b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL end give nearest town Hillorest Heights ON A FARM? 2120 Gaither Street YES NO 2120 Gaither 3. NAME OF Year DECEASED OF (Type or print) DEATH 19 62 Clarence Wyche 6. COLOR OR RACE 7. MARRIED THEYER MARRIED deatl B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months WIDOWED DIVORCED hin 24 hours after. Give Pages 1, 2, orm PM3. Page 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) Book Binder Book Bindery U.S.A. Georgia
14. MOTHER'S MAIDEN NAME Howard Bernard Wyche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SEE LOO RAKESTRAW (Yas, no, or unkown) | (If yes give we rordates of service) Item 18 Leona Matilda Wyche Same as ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (e) DUE TO Gun shot wound of head gave rise to immediate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of itam 18.) CAUSE OF DEATH. MEDICAL Month, Day, Year 20f. (City or town) (County) (State) factory, streat, office bldg., etc.] While at work | et work | Home 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide T Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY IN Se execute found be for FUNERAL. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d, LOCATION (City, town, or country) REMOVAL (Specify) Cedar Hill Suitland Md. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Lee Funeral Home - Washington D.C. 5M 1/62 DATE MAR 2 8 '62 Chrimy S. Frances

STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03728 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges County Maryland Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) write RURAL and give nearest town) Edmonston Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 1909 Prince Georges General Hospital 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH William Zier March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Mal e WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or Poreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Machinist S Government Washington D C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob B Zier Ella Pierce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) | (If yes give war profetes of service) 220 32 6931 Josephine B Zier Edmonston Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Broncho pheumonia gave rise to immediate cause DUE TO (a), stating the underlying NOT RELATED TO THE TERMINAL DESASE CONDITION GIVEN IN PARTIES 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT prior 200. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 10.19.62., and that death occured at 1.1.1.1. From the causes and on the date stated above. saw the deceased alive on 22e SIGNATURE DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS AME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Ceder Hill Cemeterv Suitland Buria. 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 [4] DATE MAR 1 5 '62 Cathur & Tiraca Gasch's Sons Hvattsville, Maryland

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death certificate be

Pages filled

ARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE ON A FARM? YES NOT

Year

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INTÉRVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stete)

226. DATE

(Stete)

SIGNED

IF UNDER 24 HRS.

Day

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